	•	117	TATE		AND MENTAL HYGIENE		
	DELAY IS NECESSARY PLESS TO THE FUNERAL DIFF COLIN N PAGE 5 FOR YOU BE FILED, WITHIN 7 HEARS DS, 301 W. PRESTON	1. DE (17) 3. SE 7a. B FC WC	EGISTRAR EASED NAME OR PRINT) 1. RACE 1. DATE OF BIRTH MONTH DAY THPLACE (STATE OR BIGN COUNTRY) Shington, D. C. USA Y OR TOWN OF DEATH 11. NAME OF HOSP	TROTTER YEAR 6. AGE (IN YEARS IF UN LAST BIRTHDAY) AT COUNTRY? 8. MARR WIDOW PITAL, NURSING HOME, OR OTH ILLY, GIVESTREET ADDRESS)	IDER 1 YR. IF UNDER 24 HRS. 26. AS DAYS HOURS MIN. PROI BED NEVER MARRIED DIVORCED DIVORCED ER INSTITUTION 120. USUAL C FOR MOST	REG. NO 9 PATÉ KNOWN DE MONTH OF ESTI- EATH MATED DATE MONTH	DAY YEAR 78. HOURS 1449 7 9 7 MM DAY YEAR 24 HOUR 1419 7 9 MD. 1171 OF DEATH 1126. KIND OF BUSINESS OR INDUSTRY Mont. County
BALTIMORE, MD. 21201	URS AFTER DEATH. IF ANY DEI 3. GIVE PAGES 1, 2, AND 3 TO WITH FORM PM 3. RETAIN 1. PAGES 1 AND 2 SHOULD BE DIVISION OF VITAL RECORDS	13a. S		Thotter 16b. SOCIAL SECURITY NO. 217-48-5956	13d. INSIDE (ITY LIMITS? 13e. STREET A YES NO STEET A YES NO STEET A YES NOTHER'S MAIDEN NAME FIRST ELLA 17. INFORMANT HUS BAND Francis E. Ahern	MIDDLE ADDRESS	Ave Apl. 606. Hanley 13e
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140	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE TO FUNERAL DIRECTOR: AFTER DEATH. WITH THE BALTMORE, MARYLAND, 2		EXAMINER'S NAME John S. Roge RIAL, CREMATION, REMOVAL 23b. DATE	23c NAME OF CEMETERY O	ADDRESS 1919 Semina R CREMATORY 23d LOCAT	EXAMINER DATE SIGNE TY Road, Silver Spring Mar	Ler Spring, Md. state ntanmery Md. signature
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STATE OF MARYLAND 79-07144 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 20. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) Rederic 0 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH 25 HOURS white Male 53 To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED Wash. D.C. USA ONTOOMERV WIDOWED DIVORCED [10 CITY ORTOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCHMACKITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RETLIFED MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Montgomery Rockville 13e STREET ADDRESS ROSanne Lane 136. INSIDE CITY LIMITS? Maryland NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FRederick MIDDLE Alber Edith Tavenner PRESTON ST., BALTIMORE, 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE, WAR OR DATES) 579-28-1990 Elizabeth A. Alber same as 13e ves APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) OR AS A CONSEQUENCE OF Certinose Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last ö ple PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) DIVISION OF VITAL RECORDS, 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 2 IN CERTIFYING CAUSES OF DEATH per NON YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 10 2 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION STATE HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE AT WORK 22a. I certify that (1) (this hospital) attended the deceased from saw the deceased alive an. and that in (my) (aur) apinian death occurred of the date and hour and from the couses stated above, (1) (we) (did) (did nat) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be defi with the State 226. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Viers Mill Road Rockville, Md. Stephen Jones 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY Burial Gate of Heaven Cemetery Silver Spring, Maryland 1101 14 FUNERAL DIRECTOR On Wheeler Funerals Home, Inc. 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 (VR A 15 (4)) 1331 Rockville Pike Rockville, Maryland

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22e. ADDRESS

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ATTENDINO. PHYSICIAN

DHMH - 16 50M 7/77 (VRA 15(4))

24 FUNERAL DIRECTOR ADDRESSROCKVILLE, Md. Danzansky-Goldberg Chapels; 1170 Rockville Pike

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ZIL DATE

MD.

NW, 73c NAME OF CEMETERY OR CREMATORY 234 LOCATION COUNTY Falls Church, Virginia

MEDICAL STAFF DIRECTOR PHYSICIAN

18th Street

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

3-9-79

Wash., DC

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STATE OF MARYLAND 79-071 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 2a DATE OF DEATH MONTH 2h HOUR poge 3 (TYPE OR PRINT) 104 3 SEX 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 5 DATE OF BIRTH IF UNDER 24 HRS DAYS HOURS 7s. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (THRE OF WORK FOR MOST OF WORKING LIFE) ETICIAN USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 12 YOB EAST BOURNE DR 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRS1 MIDDLE LAST MIDDLE ROWN ORTER The social security no 225-38-4273 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o.), (b.), and (g.)
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) Nelva Allnutt Thomas 30 79 03 4 RACE AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HOS MONTH YEAR DAY White 08 A BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED TO Montgomery U.S.A. Maryland WIDOWED DIVORCED T 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17h, KIND OF BUSINESS OR MOTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Montgomery Gen Hosp.Olney U.S. BALTIMORE, MARYLAND 21201 Gov't USUAL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) MAL COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MUNTSUNEr 240 ver Spring arylon LEATHER'S NAME 15 MOTHER'S MAIDEN NAME EIRST MIDDLE LAST FIRST MIDDLE LAST Alice Robert W. Allnutt Thomas ADDRESS. 169 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 803 Eastover Circle 579-20-3313 Loos no Land 0 APPROXIMATE INTERVAL O. 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. Cerebro vascaler acciden PRESTON ST., 12 hours Ö DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which Po gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF rd DIVISION OF VITAL RECORDS, 201 W. underlying cause last 0 ear PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION H 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED NONE IN CERTIFYING CAUSES OF DEATH? NOX entol Hygie 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 21 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that (I) (this haspital) attengled the deceased from saw the deceased alive an and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death DEGREE 22c. DATE SIGNED MEDICAL ATTENDING should be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT CIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 9410 0 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN STATE Metropolitan Crematom Alexandria 256. REGISTRAR'S SIGNATURE Cremation Robert A. RumphreyAcoress Funeral Homes. DHMH - 16 50M 1/76 McCherdy (VR A 15 (4)) Rockville, Maryland

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	T: If I			u	uns	Shu	other	my	A	ATTENDING PHYSICIAN	MEDICAL STA	CIAN [3/2	8/79
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OT of	IMP W	-	23o. B	URIAL, CREMATION,				NAME OF C	EMETERY OR		123d LOCATION			-500, (
3902 BP_			Bu	minl		Man 30	1070 M		vet Cen		CITY OR TOWN	co	UNTY T	STATE
DHMH - 16 50A		Tu	24 FL	INERAL DIRECTOR	ranci	s J. Co.	llins DRESS	VA A	vec ven	250. BA	TE REC D. BY RECIDIRA	SA REDISTRAI	Aug	isoly
(VR A 15 (4	4}}			Universi				Spring	Md.	IN M	7 9 19/9	bulled	4.0.	/

19-071:3 DECAR - C. S. D. T. PREDE 0: 10-0 ciel i. "." Austria . Single Paterice Verence in the interest Courses "Indiconcer Silver Spring 1 611 37 11 31 31 31 31 Rudolph 10 (1) the same that the Potence, Md. 1915 as the life in the formal and the formal 500 July Cyliff Blok . Silver String, We.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	79-	07150
		EASED NAME FIRE DR PRINT)	leanor	DDLE		rews	March		26 HOUR 4.415 PM
	3 SEX	Female	Cauca	sian	5 DATE C	OF BIRTH 1 3 7 1 8 9 3 4 A R	6. AGE (IN YEARS LAST BIRTH		1 YEAR IF UNDER 24 HRS DAYS HOURS MIN
9		THPLACE (STATE OR FOREIGN UNTRY) Jersey	U.S.	HAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF Montg		MD.
0	Ro	ockville	Coll	Ingswoo	d Nu	rsing Home	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Homemake:	WORKING LIFE) INDI	CIND OF BUSINESS OR USTRY OME
6	13a. S	Md. M	one or other institution. COUNTY Ontg.	13c. CITY OR TOWN		134 INSIDE CITY LIMITS?	13e SIREEL ADDRESS 77	th St.	
51		THER'S NAME FIRST Michael		ane		Margar	MIDDLE	UNKNOWN	LAST
/		VAS DECEASED EVER IN U ES, NO OR UNKNOWN) (IF Y	ES. GIVE WAR OR DATES)	215-76-		Lois J. Ma			13
	ICATION	PART 2. OTHER SIGNIFIC	ich of the he but to, or		NCE OF	NOT RELATED TO THE TERM	VICTURE MINAL DISEASE OR CONE 1200 AUTOPSY?	DITION GIVEN IN P	
2	CERTIFICA	19a DATE OF OPERATION	ING 21b. TIME OF			21c. HOW INJURY OCCUR	YES NO	IN CERTIFYING C	AUSES OF DEATH?
1	MEDICAL	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX. 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	AMINER) P.A 21e PLACE C	۸.	19	211 LOCATION STREET	CITY OR TOW	/N COUI	NTY STATE
		220.1 certify that (1) (this		1 1 (0)	/	nd that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	death occurred on the do	220	, that (1) (we) lost am the couses stated DATE SIGNED 3/8/79
1		22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	, MO	N E	22e. ADDRESS	Palin eton	ld Bil	tisas hed
	(5	URIAL, CREMATION, REM Burial Juneral Director Ro	3/12/2	23€ 1	rling	CEMETERY OR CREMATORY ton Nat'1.	23d. LOCATION CITY OR TOWN	ington,	Virginia

Bethesda, Md.

Homes, P.A.

DHMH - 16 50M 7/77 (VR A 15 (4))



L . P (lawer)	are intro		totlela	
	ST. WAY ST.	mitan	180 2	
(Testospass)		• 4		eral sen
	anoll juicinit.	opo ternilla		Liveoni
teluaret peko			.0740	.4/
ATTEN TO A CO				
cana , only a		1		
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notified of on

injury, ar other traumatic

IMPORTANT: If Hem 21 is marked ar Item 18 shaws any

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-07151

	REGISTRAR				CERTIF	CATEUR	DEATH		REG. N	0.	3 - 0	1 1	JI
1	1. DECEASED NAME	FIRST		AIDDLE	L	AST		20. DATE OF	DEATH	MONTH	DAY YEAR	2b HC	OUR
	(TYPE OR PRINT)	ROBER	T E	JGENE	ATK	INS		MA	RCH	8,	1979	7:	36 PM
	3. SEX		I. RACE		5. DATE O		YEAR	6 AGE (IN YEA	RS LAST BIRT	HDAY	MONTHS DAY	_	DER 24 HRS
	MALE	44,66	WHITE	- N. T.	MARC	н 18.	1933		45	YRS		S HOUR	MIN
1	To BIRTHPLACE ISTAT	E OR FOREIGN 7		WHAT COUNTRY?	8 AA A PRIET	YNEVER	MARRIED	9. BALTIMOR	ECITY O	R COUN	TY OF DEATH		
2	Pa.		US	SA	WIDOWE		NORCED	MO	NTGO	MER	V		MD.
1	10 CITY OR TOWN O	F DEATH 1		OSPITAL, NURSIN		R OTHER INS	TITUTION	12a. USUAL O	CCUPATI	ON	12b. KIND		INESS OR
0	BETHESD	4	CLIN		ENTER			Rigg		, working	Unit		Refin
1	USUAL RESIDENCE (1	NURSING HOME OR C		GIVE RESIDENCE BEFOR		13d INSIDE (CITY LIMITS?	13e STREET A	DDRESS				ery
2	PENNSYLV	ANTA		WARRE		YES X	NO 🗌	17617	PENN	AVE	ENLIE.	WEST	Г
11	14 FATHER'S NAME	M	IDDLE	LAST	HEED.	15. MOTHER	S MAIDEN NA	ME	WIDDIE				
7	Lin	n		Atkin	S		Cecil				Hom	er	
5	16a WAS DECEASED (YES, NO OR UNKNOW		NED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORM	ANT	- 111	ADDRE	1617	3 PENN	A \ / F	- WEC
7	Ye	s Kore	a	188-24	-98/3	MRS.	CAROLY	N ATK	INS	1017			
		DEATH Enter anly		line far (o), (b), an		cm				WARF		AMATE IN CONSET A	
	TAKT I. OLA	IMMEDIATE		CARDIAC	ARRE	12.1					45M	TIVU.	LES
	425	1	DUE TO, O	R AS A CONSEQU	ENCE OF						3777.7	DC	
	Canditions, if		(b)	? CARDI	OMYCP	ATHY					YEA	KS	
	cause (o),		DUE TO, OI	R AS A CONSEQU	ENCE OF								
			(c)										
				INTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE	ORCON	DITION G	VEN IN PART	1(a)	
1	HEPAT			AILURE	OPERATION	J WAS PERF	PAAED	20a AUTOR	SY?	Tab IF Y	ES, WERE FIND	INGSTI	SED
	F 1/4: DAIL OF O	EKATION	110 001.01	THO TO TO WE THINK IT	O' EKATIO	· · · AO · E · · ·	J.K.Y.L.D	x		IN CERT	TIFYING CAUSE	ES OF DE	ATH?
	HEPAT 190. DATE OF O 210. ACCIDENT W	AS UNDERLYING	216, TIME O	F INJURY		21c. HOW II	NJURY OCCURE	150	NO []			NO	
		CAUSE OF DEAT	н		AY YEAR								
	OR CONTRIBUTION (IF EITHER, NOTIFY 21d. INJURY OC	CURRED	21e. PLACE	OF INJURY	19	21t. LOCATI						/ 14	
	WHILE AT WORK	NOT WHILE	(AT HOME, STE	EET, FACTORY, OFFICE,	FARM, ETC.)	STREET			CITY OR TOV	VN	COUNTY		STATE
			al) attended th	e deceased from	FERD	IMPV	18,70	, to MA F	CH	Q	19.79	. that M	(we) last
	caw the di	eceosed alive on we) (did) (did not	MADCII	X 10 7) (our) opinion	death occurred		ote and h	our and Irom th	ne causes	stoted
	226. SIGNATUR		New The body	orier dearn. /	,1	DEGREE			V 1961		22c. DA	TE SIGNE	
	Kin	14/10/4	· Luci		4	1)	ATTENDING 1	MEDICAL	STA	FF.	13-0	7.79	1

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23b. DATE

St. Joseph's

Pleasant n Warren

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR A. Pumphrey Funeral Robert Homes, P.A. Bethesda.

.12.1979

tinn wakins Cocil Momer tinn wakins Cocil Momer Yes kored 1883-24-9875					
linn thins (ecil Post) Yes kored 183-21-9a75					
Yes korea 183-24-9477	Street				
	топон	lippl	entits.		nni)
			7.7.49-13-881	. Norea	10Y

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs offer retained by the haspital or attending physician.

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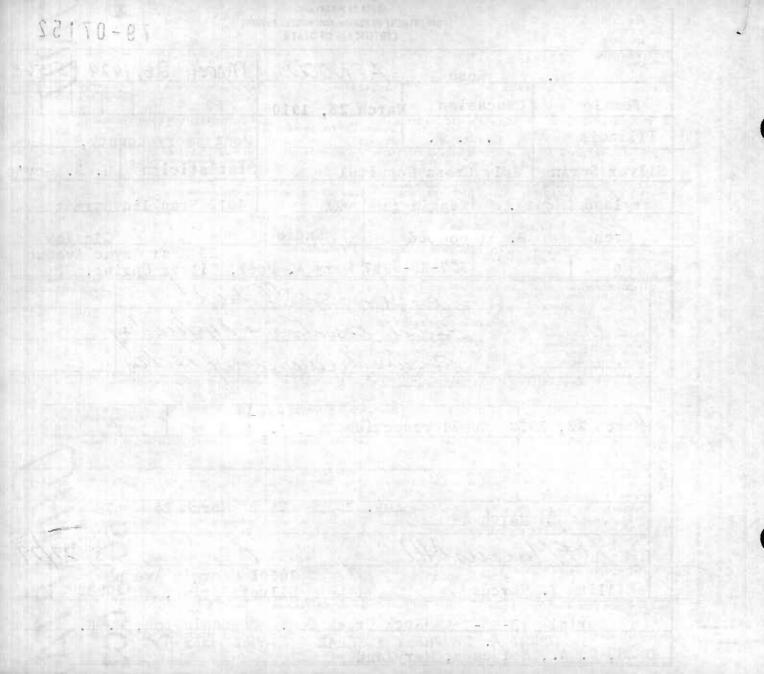
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	9	-	0	7	1	5	2	
	-		_			_		

	- STATE REGISTRAR			CERT	FICATE OF DEATH	REG. N	79-01	152
	1. DECEASED NAME (TYPE OR PRINT)	FIRST	Rose	A	TWOOD	MARCH	26, 1979	26 HOUR 5:50
	3. SEX Female	4	RACE Caucasia:	S. DATE	TH DAY YEAR	6. AGE (IN YEARS LAST BII	RTHDAY) IF UNDER 1 YE MONTHS OA: YRS.	
5 ouce	70 BIRTHPLACE ISTATE COUNTRY) inoi		U. S.	COUNTRY? 8	IED NEVER MARRIED	X	or County OF DEATH	
8 marified	Silver S		(IF NOT IN SUCH FACILITY		OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST	OF WORKING LIFE) 12b. KINE	OF BUSINESS
must be	USUAL RESIDENCE (# 130. STATE Maryland	136. COUNT	Y 13c. CIT	DENCE BEFORE ADMISSION TY OR TOWN IS ington	13d INSIDE CITY LIMITS? YES X NO [anklin Str	eet.
examiner 50	14. FATHER'S NAME Oren		DDLE	wood	13. MOTHER'S MAIDEN N Sadie	MIDOLE	G1a	LAST S POW
medical	160 WAS DECEASED E IYES, NO OR UNKNOWN		/AR OR DATES)	7-50-998	7 Mary A. F	25 ^B8	st Wayne	Avenue
ny injury, ar ai		SIGNIFICANT CO			ON WAS PERFORMED TO		NDITION GIVEN IN PART	
18 shows ar	March 210. ACCIDENT WA	22, 19	79 Bowe]	l resect	ion & ecton		IN CERTIFYING CAUS	SES OF DEATH?
rked or Item	21d. INJURY OCC	EDICAL EXAMINER)	P.M. 21e. PLACE OF INJU	19	21f. LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
m 21 is ma	saw the dec above, (1) (w	eased alive on	ottended the deceo March 24 view the body ofter de	19 /9	20 , 19 75 and that in (my) (our) opinion	, to March		
ANT: If Item	226. SIGNATURE	NAME (TYPE OR F	acells.	MD		DIRECTOR PHYSI	AFF ICIAN 3	27/7
IMPORTANT: IF	Willi 230. BURIAL, CREMATI	am Y. 1		23c. NAME OF	103	01 Georgia ver Spring	MD 2090	
	(SPECIFY) Bu	rial	3-30-79	Rock	Creek Cem.	Washing		STATE
/77	HOMES P	MODE	RT A. PUM Bethesda.	Marylan		APRECID BY 1979 AT	256 REGISTRAR'S SIGN	WIOKE SOL

DHMH - 16 50M 7/77 (VR A 15 (4))



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1 DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) rederick 3 SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR DAY DAYS HOURS. 8 Male White 16 02 To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 53 F Maryland WIDOWED DIVORCED [IN CITYOR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCURATION 121 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PRESTON ST., BALTIMORE, MARYLAND 2120 Retired mechanic USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13h COUNTY 113E CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? P 11801 Ashley Drive Maryland Montgomery Rockville YES TX NO F 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Watkins Charles Barber Nora 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS I HE YES GIVE WAR OR DATEST Yes unknown no Bessie Barber same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (an, (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse lost ple PARTIZ OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 DIVISION OF VITAL RECORDS, CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERPORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? per ol NOM YES T NO T sho burial-transit 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ond Mental (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. MEDIC/ 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive an and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 17h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT 22e. ADDRESS should b 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE CITY OR TOWN COUNTY STATE BP Parklawn Mem. Park Buria. Rockville, Maryland 24 FUNERAL DIRECTOR YSON Wheeler Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 Rockville Pike Rockville, Maryland 2085 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	7	9-0	7155
- 1		CEASED NAME FIRST	MIDOLE	E	L	AST		MONTH OA	Y YEAR	26. HOUR
	TYPE	OR PRINT! Frank	Wes	ley	B	arker	3	24	79	910
- [3. SE)	X	4 RACE	7	5. DATE C		6 AGE (IN YEARS LAST BIRT		ONTHS DAYS	HOURS MIN
	- 1	Male	white		Oct	20, 1903 A	75	YRS		HOURS MIN
5	7e. BII	RTHPLACE (STATE OR FOREIGN West Va	USA	AT COUNTRY?	MARRIEI WIDOWE	DENEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	
1	10 CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH FAC	ILITY, GIVE STREET	G HOME C	or OTHER INSTITUTION St Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST O Retired	ON	INDUSTRY	F BUSINESS O
5	USU/ 130 S	AL RESIDENCE (IF NURSING HOME OF	rother institution, give VIY Georges H	RESIDENCE BEFORE CITY OR TOWN Iyattsv	AOMISSION)	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 6609 24	th pla	ace	
4	14 FA	Robert Bar	MIDDLE Ker	LAST		15. MOTHER'S MAIDEN NAM	y F Laffert	у	LAST	i
2			E WAR OR DATES)	social secu 36 07 88		17 INFORMANT Eva M Barker	Hyatts		Mđ	
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DE ATH WAS CAUSED BY. IMMEDIATE CAUSE (a) L. M.								MATE INTERVAL
		Conditions, if ony, which gave rise to immediate	DUE TO, OR AS	A CONSEQUE	NCE OF	Line Pro	tabocki	men	6	Lays
		cause (a), stating the underlying cause last.	DUE TO, OR AS							
	TION	PART 2 OTHER SIGNIFICANT	ences	me	a	Marke	te	•		
	CERTIFICATION	3/2//79	Unicondition	N FOR WHICH	OPERATIO	ekentror	200 AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDIN	OF DEATH?
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.		Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM T8, PAI	RT I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF IN	NJURY FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TOV	VN.	COUNTY	STATE
		220.1 certify that (I) (this hospital) attended the deceased from Mach., 19 67, to March 2 sow the deceased alive an March 26 19 79, and that in (my) (our) opinion death occurred on the date on above. (I) (we) (did) (did not) view the body after death.								that (I) (we) lo causes stated
		22b. SIGNATURE.	us		/	DEGREE ATTENDING PHYSICIAN &	MEDICAL STAI	FF IAN 🔲	27 DATE	SIGNED PALCE
-		1224. PHYSICIAN'S NAME (TYPE OF	OR PRINTI	Se.		1111 Spri	ng St Le	lres	J Ap	ring.
	23a. B	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE Mar 30,			emetery or or warders onal Mem. Park	23d LOCATION CITY OR TOWN Laurel		George	STATE Md
		UNERAL DIRECTOR	РА Ну	attsvi]	lle, N		PRA TOP	256. REGIST	ARSAGNAT	URE

DHMH-16 20M (VRA 15, 4) 7/78

500 UNTU RIVO W STIVER SPRING MD

DE

	7	EEC 17, 1905	377101	312/074
		V.	.A.2.0	· · · · · · · · · · · · · · · · · · ·
TARNING				
YTHEY AVELE 13221 RONE HI	DAUGHTER	x ourses o	TAUTS VOINGO	THOU STALLON
BELTSVILLE, NO.		BARBARA BARBARA	102	2715AV)
		F 3.7 = 0.7 k = 2.0 0.5 = 1.5	5784	V1.
24: Lad = 37	INSTITATE W	EDROF INCENTION	7/21/79 WOTS J. COLLT	LATAGE

						STAT	E OF MARYLAND			
		1 -	FOR STATE REGISTRAR		DEPART		HEALTH AND MENTAL HYG		7-9-50	7158
TVI)			CEASED NAME FIRST		MIDOLE		LAST	REG. N 20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
oy b		(TYPE	JAMES		Ε.	BAX	TFR	MARCH 16	, 1979	1107AM
moy be		3 SEX		4 RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEA	AR IF UNDER 24 HRS
rector urs aft		M	ALE	CAUCA	SIAN	JUN		49	YRS.	5 HOURS MIN
a 60 a		7a Bil	THPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY		D NEVER MARRIEDXX	9 BALTIMORE CITY	OR COUNTY OF DEATH	
= - 0	32	VI	ERMONT	USA		WIDOW	ED DIVORCED	MONTGOME	RY COUNTY	MD.
the fune d within		10 CI	Y OR TOWN OF DEATH		HOSPITAL, NURSI H FACILITY, GIVE STREE		OR OTHER INSTITUTION	128 USUAL OCCUPAT (TYPE OF WORK FOR MOST O		OF BUSINESS OR
by file	47		ETHESDA				CAL CENTER	RETIRED		
hin 24 hou ily filled in should be	35	13a 5	LERESIDENCE (IF NURSING HOME O TATE 136 COU MARYLAND		TAKOMA	VN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 8604 FLOWE	R AVENUE	
2 2		14 FA	THER'S NAME	MIDDLE	TZAI		15. MOTHER'S MAIDEN NA/			
ompli and	52			AMES	BAXTER		BESSIE	ROSLAND	DOW	LAST
e execunand of Pages			'AS DECEASED EVER IN U.S. AI ES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES?	166 SOCIAL SEC		17 INFORMANT	ADDRE		
be d	/		YES		577-36-	3521	margaret BAX	TER 8604 FL		
hysic popel by of			18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI			nd IC			APPRO BETWEE	NONSET AND DEATH
ng pl bang rem			IMMEDIA	TE CAUSE (a)	sepsis					
death ce attendin ove corb tion, or i			3715		R AS A CONSEQU		chondular C	inubonia		
e atte			Conditions, if any, which gave rise to immediate)	34.15		enondular C	Irrnosis		
that the solution of the solut			couse (01, stating the underlying couse lost.	DUE TO, OI	r as a conseou	ENCE OF			2.67	
gned n plec burial			PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BU?	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	1(0)
- 등 등		NO.								
s been strait. I prior		CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND	INGS USED
re hos sit per giene shows		RTIF				1600		YES X NO	YES	NO 🗆
ZZZOT)		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	(Y IN ITEM 18, PART 1 OR PART 2)	
	'	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER			19	AV LOCATION			
S PHY offer this the bury ond M		MEC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME, STR	EET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
or of After of the mort				ital) attended the	e deceased from	MARCI	1 03 10 /9	MARCH	6 7910	that ((we) lost
ATTEND ospital o ospital o CTOR: / d for use n. of Heo n 21 is m			220.1 certify that/(1/ (this hasp saw the deceased alive or above, (1/ (we) (did) (did)			79	nd that in (my) (our) opinion o	death accurred on the de		te couses stated
A Par			221 SIGNATURE	bit view the body	offer deoff)	DEGREE		22c. DAT	TE SIGNED
A 0 9 0 =			1 John (OD n	mel	2	ATTENDING PHYSICIAN	MEDICAL STAI	IAN PL 3-	16-79
SPIT OFR NER De of Ste Ste	1		224 PHYSICIAN'S NAME (TYPE	OR PRINT)		5	22e. ADDRESS			
TO HOSPITAL retoined by t TO FUNERAL should be det with the State			James K. O'	Donnell	L MD.		NNMC, BETHE	SDA, MD. 20	0014	
7 5 E # 3 ₹.		23a B	JRIAL, CREMATION, REMOVAL	23b. DATE	23с.	NAME OF	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP			BURIAL	MARCH 2	20 1979 AR	LINGT	JANOITAN NC	ARLINGTO	ON BVIF	RGINIA
MH - 16 50M 1/76			TAKOMA PARK FUI	48	T A9985584A	DADI			25b. REGISTRAR'S SIGNA	60
(VR A 15 (4))			TANUMA PARK FU	MEAL HOM	E TÂKOMA	PAKK	, MD. [MA]	21 1979	12000	Crawling

raer hi mnot selection in 1927 THE REPORT OF THE PROPERTY AND THE PROPE ELLING - BIRDER BIRDER BIRDER BIRDER BIRDER THE PROPERTY OF THE PARTY OF TH 1 1915

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) 61 13 3 SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 VE AR IF UNIOFF 24 MPS MONTH CAY YEAR HOURS 09 7a. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery Maryland WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET AGORESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY NESWOOD Home Housewife DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 14 Peony Drive. Montgomery Gaithersburges X NOF Marvland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Nora Thompson Ella Thompson Joseph Douglas ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Pearla Frye 104 James St. Gaithersburg, 9979 214 No 18 CAUSE OF DEATH Enter only ane cause per line for (a), (b), and (c). Heart Failure. PART I. DEATH WAS CAUSED BY on sestive e 01 55 IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED b ā buriol-tronsit peri IN CERTIFYING CAUSES OF DEATH? NOF YES T sho 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE 220 (certify that (1) (this hospital) attended the deceased from sow the deceosedalive on MArch and that in (my) (aur) opinion death accurred an the date and hour and from the causes stated obove. (1) (we) (did (did not) view the body after death 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be deta with the State [22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MPORT 10760 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION Parklawn Memorial Park Rockville, Maryland BP. Burial 1331 Rockville Pike Rockville, Md. 20852 256. RECUSTIONS SY ME DECOLU DHMH - 16 50M 7/77 WRA 15 (4))

injury, or other troumatic event, the medical examiner must be notified at ance

MPORTANT: If Item 21 is marked or Item 18 shaws ony

FOR

		STATE	OF	MARY	LAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-07160

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO. 19-01100					
		CEASED NAME	FIRST	A	AIDDLE	DLE LAST			20 DATE OF DEATH MONTH DAY YEAR				
1	1		RLO	TTE	T	BER	GAMAN	MARCH	27.	1979	2:00 PM		
	3. SEX			4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS		
	٠,	Female		Caucas	ian	May		71	YRS.	AONTHS DAYS	HOURS MIN		
2%	7a. BI	RTHPLACE (STATE OR FO	DREIGN		WHAT COUNTRY?	8	D NEVER MARRIED X	9 BALTIMORE CITY OR COUNTY OF DEATH					
1	Ohio USA					WIDOWE		Montgamer	v		MD.		
0	10 CI	TY OR TOWN OF DEA	ТН		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPAT	ION		F BUSINESS OR		
0	C	hevy Chase	/		^	156+	CONV. CENTER	Teacher	A MORKING LIFE		c School		
10	USUA 13a S	AL RESIDENCE (IF NURS	ING HOME OF	ROTHER INSTITUTION.			1 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS					
7	Mi	chigan		Clair	Port Hur		YES NO	2801 Mason	Stree	et			
10	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE		la5			
23	L	ouis		C.	Bergsma	n	Nettie	H.		_	ısman		
0		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	ss Was		n, D. C.		
5		No	(4 120, 011	z wym on on on zo	384-38-6	464	Marvin Bergs						
		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		PART I. DEATH W		TE CAUSE (0)	Ces	sigh	in fester			5 n	rin		
		4340		DUE TO, OF	R AS A CONSEQUE	NCE OF							
		Conditions, if ony,		(b)	M	will	· antrol	them both)		84	e 10 Kg		
		gove rise to imn	ig the	DUE TO, OF	R AS A CONSEQUE	NCE OF		14		11	0 0		
		underlying couse	lost.	(Ic)	C	Feb K	11 With lits	d dife sh		120	RAN		
	z	PART 2. OTHER SIGN	NIFICANT (CONDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART 10) 1		
	110	IN DAYE OF ODERA	14017	IN COMP	TION FOR WILLIAM	00001710	NAME DESCRIPTION	TA AUTORSY2	Table 15 VEC	MATERIA EINIDIA	100,1100		
9	CERTIFICATION	190 DATE OF OPERA	IION	146 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	, WERE FINDIN YING CAUSES	OF DEATH?		
X-/	ERTI	210. ACCIDENT WAS UND	SERIVING F	7 21b. TIME O	E INTURY		21c HOW INJURY OCCURR	YES NO	YES		NO 🗆		
9		OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A.	M. MONTH DA	YEAR	ZICTIOW INJOKY OCCORR	CED (ENTER NATURE OF INJUI	CT IN IIEM 18, PA	AKI I OKPAKI 2)			
	MEDICAL	(IF EITHER, NOTIFY MEDIC.		21e PLACE (19	211. LOCATION	Market Street					
	ME	WHILE IN NOT WE	HILE C		EET. FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOV	VN	COUNTY	STATE		
7		220 certify that (I)		ital) attended the	a deceased from		1971	7/27		10 7 9	that (I) "(we) lost		
		sow the deceose obove, (1) (we) (c				, Dr	nd that in (my) (our) opinion a	death accurred on the de	ate and hour	. 1			
		22b. SIGNATURE	did did no	view the body	ofter death		DEGREE			22c. DATE	SIGNED		
		Mac	Alun	History	a m	de	ATTENDING	MEDICAL STAI	FF IANI	3/17	179		
1	13	22d. PHYSICIAN'S NA	AME (TYPE O	OR PRINT!	(22e ADDRESS	J DIRECTOR PHISIC	IAIV	00	1/1		
/		W214	N	GINA	ek, ml)	2201-6	, Mr	hpst	DC de	237		
	23a B	SURIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE		
-1	Bu	rial		4-1-7			nai Cemetery	Port Hur	on, S	t. Clai	r, Mich.		
		JNERAL DIRECTOR			ADDRESS 11	70 Rc	ckville Fike	E REC'TO'. BY REQUETEAR	25b. REGISTA	RAR'S SIGNAT	URE		
	D	Danzansky-Goldberg Mem. Chap. Rockville, Md.											

BP_____ DHMH - 16 50M 7/77 (VR A 15 (4)) 19-67160

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED Lillian Birnman SEX DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED F Cau DEAD 70 BIRTHPLACE (STATE OR MARRIED SENEVER MARRIED FOREIGN COUNTRY) Pennsylvania USA WIDOWED DIVORCED FILED, V 120. USUAL OCCUPATION (179E OF WORK 120. KIND OF BUSINESS 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 301 OR INDUSTRY FOR MOST OF WORKING LIFE! Silver Spring SHOULD BE RECORDS, Holy Cross Hospital Salesperson Store Dept. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 21201 Silver Spr. Md Montgomery NO [VITAL IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST MIDDLE LAST OF VIT Littman Fannie Horn Joseph 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION (YES, NO, OR UNKNOWN) No Jack Birnman, 11010 Horde St, Wheaton, Md. 170-14-2899 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF Vone BURIAL, YES NO T 3 SHOULD BE DEPARTMENT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion death resulted from: Natural couses Suicide Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL TO MEDICAL E
EXECUTE THE C
PAGE 4 SHOU
TO FUNERAL D
AFTER DEATH, '
BALTMORE, MA DATHauch 201977 SIGNATUR MEDICAL EXAMINER EXMANER'S NAME John Rogers, M.D. 1919 Seminary Rd., Silver Spring, Md. (TYPE OR PRINT) ADDRESS. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Ft. Lincoln Crematory Cremation BP ItOry Brentwood Pr Geo M 250. DATE REC'D. BY REGISTRAR 24. FUNERAL DIRECTOR DHMH - 17 Rockville, Md. profitry Malprodu WIMK 27 1979 (VR A15 ME (5)) Danzansky-Goldberg Chapels 1170 Rockville Pike 15M 7/77

STATE OF MARYLAND

9-07163

	1	FOR - STATE	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H	YGIENE	79-071	64
		REGISTRAR CEASED NAME FIRST	WIDDLE	CERTIFICATE OF DEATH	REG. N		2h. HOUR
(B)		Albei	it W.	BISSET		3-22-79	7 730/
(20)	3. SE	(Wels)	White.	S DATE OF BIRTH SHORE 30 - PO4	14	HOATI # UNDER I YEAR	
13/	7a. B	DITTELLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTY		1 BALTIMORE CITY O	LAPMENU	
P#17/	10.5	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	178 USUAL OF CUPATION		OF BUSINESS
o //	USU	AL RESIDENCE (IE NURSING HOME OF	ROTHER INSTITUTION, GAMPLESIDENCE SE UTY 13E. CITY OR I	FORE ADMISSION) DWN 134. INSIDECITY LIMITS?	13 STREET ADDRESS	Il Is	11/0
100	10.5	ARYLAND MOS	Money Pik	YES NO D	10116-Na	las the -	-
150	L	David	Dels	et, busheme		Danuelo	AST
medical		MÅS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	EMED FORCES? 16 SOCIAL SI E WAR OR DATES)	1-3516 Lillen H	. Buiet	13e	
ent, the	Г	PART I. DEATH WAS CAUSE	I (A/V()		a arri	est BETWEEN	NIMATE INTERVAL NONSET AND DEA
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r froum		Conditions, if any, which gave rise to immediate) (b) 17cm	1e reviae	rance	6 4	4
or ather	П	cause (a), stating the underlying cause last.	DUE TO, OR ADA CONSE	Elmina of fame	reas will	a opposit	A-
ınlury,	NO NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT NOT BELLTED TO THE TEL	MINAL DISEASE OR CON	DITION GIVEN IN PART 1	(0)
Kuo sa	CERTIFICATI	19a DATE OF OPERATION	196 ONDITION FOR WH	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20h IF YES, WERE FIND IN CERTIFYING CAUSE	S OF DEATH?
18 shows	CERT	21a ACCIDENT WAS UNDERLYING		DAY YEAR 216 HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	YES THE RY IN ITEM 18, PART 1 OR PART 2)	NO 🗆
Fe 7	ICAL	OR CONTRIBUTING CAUSE OF GEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19 211 LOCATION			
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e E			ital) attended the deceased fro		7 10 3	21 1929	, that (We)
5 F	1	saw the deceased alige on oboye, (I) we idid this no 27h SKENATURE	wie- The body after death.	OFFGREE	in death accurred on the de		e couses state
# D #		John 1	Tout	M / ATTENDING	DIRECTOR D PHYSIC	4 7/	22/
PORTANI		JOHN L	ours For	RD 17. ADDRESS 349	1 Ceniver	51 types	2090
3-	20	STIRIAL CREMATION, REMOVAL	Wes 21 1976	National MONTE	234 LOCATION	1 Dum	STATE
	24. F	UNERGI DIRECTORA	54 Carroll	£ 11.10. 130.0	MARO2889979	254 TEGISTINANS SIGNA	Wes
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79 - 07- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME Ann 6. AGE (IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR DAYS HOUR5 MOTO / 30 / 24 54 Caucasian Female BIRTHPLACE ISTATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX U.S.A. ashington, D. Montgomery County, DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION STY (TYPE OF WORK FOR MOST OF WORKING LIFE) Clerk -Title Company DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 1136. COUNTY 1137. CITY OF TOWARD 4521 East West Highway Bethesda YES (X) Montgomery larvland 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Lathrop E. **Black** He len John 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Helen E. Black, same as #13 579-26-3331 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE east Concer Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2 L. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 38 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220 | certify that (1) (this hospital astended the deceased from sow the deceased alive on 3/2 and that in (my local opinion death occurred on the date and hour and from the causes stated TO FUNERAL DIREC should be detached with the State Dept. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT Stephen J. Newman, MD. 22e ADDRESS Old Georgetown Rd., Bethesda, 10401 230 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23h DATE Silver Spring, Gate of Heaven Cen. 3/6/79 Burial 24 FUNERAL DIRECTOR A. Pumphrey Funeral Homes, PA 25- DATE REC'D. DHMH - 16 50M 1/76 (VR A 15 (4)) 7557 Wisconsin Ave., Bethesda, MD

STATE OF MARYLAND 79-07167 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH DECEASED NAME TYPE OR PRINT March 23. 1979 Bland Grace 3. SEX 4 RACE 6. AGE LIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. 24 1891 HOUR5 Female Sept. Cauc. To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) New Jersey Montgomery DIVORCED WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Home (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY lomemaker Kensington Gardens Kensington Nursing Home USUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Bethesda 0825 Singleton Drive Md Montg YES X 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Fenton Julia Nunes 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) as 13e 149-12-8737 Grace B. Clifford (Same No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse tost DIVISION OF VITAL RECORDS, 201 CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOA YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this haspital) attended the deceased from _______ sow the deceased alive on 21 March 19 39, and that in (my) (ew) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Should be deto with the State [MPORTANT; 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS 6917 Arlington Road Dr. Herbert Bethesda, Maryland Martyn 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE STATE COUNTY (SPECIFY) BURIAL 3-26-79 Gate of Heaven Cem Silver 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral DHMH - 16 50M 7/77 (VRA 15 (4)) Homes, P.A., Bethesda, Maryland

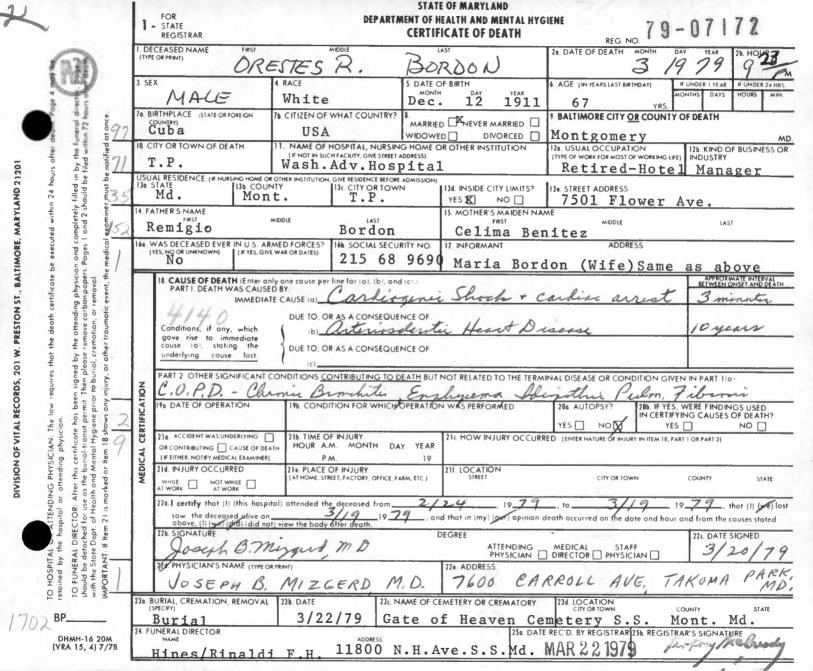
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STATE OF MARYLAND 79-07170 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20 DATE OF DEATH 7b HOUR (TYPE OR PRINT) T 27/79 Mary Bonavita LOW AM 3 SEX 4 RACE 5 DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER 1 YEAR MONTH 78 1900 Female Caucasian Nov. TO BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland S. A. Montgomery County DIVORCED [WIDOWED ID CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Suburban Hospital Housewife Bethesda Home 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 SUAL RESIDENCE (15 NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION #210 1136 COUNTY Rockville 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 10500 Rockville Pike. Montg Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Price Richard Victoria Tarr Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-10-5651 Roy H. Bonavita, Same as No 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last MARAIL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a DIVISION OF VITAL RECORDS, CERTIFICATION 0 prior 9n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 28n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? shows Mental Hygiene YES NO [210 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 21e. PLACE OF INJURY 21f LOCATION 21d INJURY OCCURRED CITY OF TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE AT WORK 220 I certify that (1) (this haspital) attended the deceased fram, saw the deceased alive an abave, (1) (we) (did) (did not) view the bady after death and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated TO FUNERAL DIRECT should be detached f 226 SIGNATURE DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS INDERSON, MA KOCKUILLE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Suitland, Maryland 3-29-79 Cedar Hill Cem. Burial 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR'S SIGNATURE ROBERT A. PUMPLIREY FUNERAL DHMH - 16 50M 1/76 (VR A 15 (4)) HOMES Bethesda, Maryland

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STATE OF MARYLAND 79-07171 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME MIODLE LAST 20. DATE OF DEATH MONTH TYPE OR PRINTI Kathleen V. Booth March 28, 1979 11:30AM A RACE 3. SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH HOURS DAYS Female Caucasian May 19, 1909 To. BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Nebraska Montgomery County WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE! INDLISTRY Olney Montgomery General Hospital Advertising Sales Newspaper DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION) 13. SIREET ADDRESS 14639 Bauer Drive 36 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Rockville Maryland Montgomery YES XX 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Mabel MIDDLE Van Auken Hanlon Howard 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 422 N. Summit Avenue 17 INFORMANT LIFYES GIVE WAR OR DATES) 087 03 7695 Nancy K. Brownin Gaithersburg No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 CAUSE OF DEATH (Enter only one couse per line for ya), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO OR AS A CONSEQUENCE OF Conditions, if ony, which citora gove rise to immediate los, stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 9n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO IV 21b. TIME OF INJURY 710 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21f LOCATION 21e PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] CITY OF TOWN COUNTY STATE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN with the State 27d. PHYSICIAN'S NAME TTYPE OR PRINTS 22e ADDRESS should by Lopez, M.D. U.S. Soldiers Home Washington D.C. Cezar 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) STATE Burial 3/30/79 Gate of Heaven Silver Spring 24 FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 256 GISTRAR'S GNATURE ROBERT A. PUMPHREYOREFUNERAL HOMES. DHMH - 16 50M 1/76 (VR A 15 (4)) P.A., ROCKVILLE, MARYLAND





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500 UNIV.BLVD., W., SILVER SPRING, MD. 20901

(VR A 15 (4))

STATE OF MARYLAND

- HILLINGS TO MARKET

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BULGAL S/18/79 CATE OF DEALERS
FERRICES J. COLLINS
508 UNIV.ELVE., W. SILVER SPRINGING DO 20001

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-071 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) JOSEPH 2 ohn 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX IF UNDER 24 HRS HOURS YEAR 1902 WHITE BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY Maruland MontGOMERY WIDOWED DIVORCED T CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR INDUSTRY NATIONAL GERGE U Prin Cross Cartographer DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? SILVER SPRING DRIVE WOODMOOR MD MONT 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE John Brohm Margaret ADDRESS 28 Western Lane 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT son (IF YES, GIVE WAR OR DATES) Amherst. Mass Brohm. 408-16-4484 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY Acute Muccardial Infarction DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 0 MEZLITU prior 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOT YES Z NO [Mentol Hygi £ 710. ACCIDENT WAS UNDERLYING 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 71e. PLACE OF INJURY 11 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK MARCH 23 22a. I certify that (1) (this hospital) attended the deceased from. sow the deceased alive on MARCH 29 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, ((we) (did (did not) view the body ofter deoth, 22c. DATE SIGNED 226 SIGNATURE DEGREE ATTENDING PHYSICIAN PDIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS should by AUE. SILVER SPRING ROBERTS 8 90 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE (SPECIFY) John's Cometeru Silver Spring Md Mont. 24 FUNERAL DIRECTOR Francis J. Collingress DHMH - 16 50M 7/77 1979 (VRA 15 (4)) 500 University Blud W Silver Spring

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR							REG. NO.				
	CEASED NAME E OR PRINT)	FIRST		MIDDLE	V	Bride	20 DATE OF D			DAY YEAR	2b HOU	
		ula		Mae			March				_	05 _M
	Female		White		5. DATE O		6 AGE IINYEAR			IF UNDER 1 YEAR	HOURS	MIN.
C	IRTHPLACE (STATE OR F		U.S	S.A.	WIDOWE		9 BALTIMORI Montg	_	OUNTY	OF DEATH		MD
	Chevy Cha	se /	Bethe	sda Retir	ement	ROTHER INSTITUTION & Nursing Ce	12a USUAL OG ITYPE OF WORK F		ORKING LIFE	12b. KIND (INDUSTRY	Home	
13a	AL RESIDENCE (IF NUR STATE D.C.	136 COUNT	THER INSTITUTION. Y	GIVE RESIDENCE BEFORE 136 CITY OR TOWN Washingto	ADMISSION) N	13d INSIDE CITY LIMITS? YES NO	13, STREET AD	odress Cathedi	ral .	Ave.,	N.W.	
	ATHER'S NAME FIRST William		DDLE	rairban		15. MOTHER'S MAIDEN NAI FIRST		WIDDLE	Ť	Smi	st th	
160 \	WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARM HIF YES, GIVE V		579-60-8		William Brid	le, Jr.,	Box 1	137-	A, Aro	da. V	la.
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rion		mediate ng the e last. NIFICANT CO	DUE TO, OF	CEVED RASA GONSEOUE	ral nce of rTPN	SIVE CAPOLIO NOT RELATED TO THE TERM		Jar D or condition				ear
RTIFICATION	gove rise to im couse to stotu underlying couse PART 2 OTHER SIG	mediate ng the e last. NIFICANT CO	DUE TO, OF	CEVED RASA GONSEOUE	ral nce of rTPN	NOT RELATED TO THE TERM	VASCULI INAL DISEASE (200. AUTOP YES []	OR CONDITION SY? 20 IN	IN IF YES	, WERE FIND YING CAUSE S	NGS USE	TH?
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DHMH - 16 50M 1/76 (VR A 15 (4))

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STATE OF MARYLAND 79-07177 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) Angie Brooks March 20, 1979 8:22A M 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 3 SEX IF UNDER I YEAR VEAD HOURS Female White 1901 78 February 7. TO BIRTHPLACE STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Montgomery Kentucky WIDOWED ID CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Silver Spring Holy Cross Hospital Housewife Own Home BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS P.G. Md -Berwyn Heightsyes X 5813 Swarthmore Dr. 14. EATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Gooden Ruth Wilson Frank ADDRESS Address 165 SOCIAL SECURITY NO 17 INFORMANT Same as 160. WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN) No#13e. Marilyn Brooks (Daughter-In-Law) 578-12-1785 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line fo PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE clima Conditions, if any, which gave rise to immediate couse (o), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? ond Mental Hygiene NO YES 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 21f LOCATION 21d INJURY OCCURRED CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (I) (this hospital) attended the deceased from. sow the deceased alive in a 200 above, (I) (and laramore) is with a body after death and that in (my) (aer) opinion death occurred on the date and hour and from the causes stated 226 SIGNALORE 22c. DATE SIGNED DEGREE ATTENDING MEDICAL 3 - 20 - 79PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22d. PHYSICIAINS NAME (TYPE OR PRINT) 22e. ADDRESS should be with the S J. Frederick Barr, M.D. 4500 College Ave. College Park, Md. 23d. LOCATION 230. BURIAL CREMATION REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial Ft Lincoln Cemetery Mar 23, 1979 Brentwood Pro Georges Md. BP 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 F. Gasch's Sons F.H. P.A. Hyatts. Md. (VR A 15 (4))

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FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-07178

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO		
	DECEASED NAME FIRST	MIDDLE	LAST		NONTH DAY YEAR	26 HOUR
	(TYPE OR PRINT) Oma	С.	Brown	March 9,	1979	1:40 P _M
3	SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTH		
1	Female	White	Feb. 1 1893	86	YRS DAY	5 HOURS MIN
17	COUNTRY	TE CITIZEN OF WHAT COUNTRY	? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OF		
5	Maryland	USA	WIDOWED DIVORCED	Montgo	mery	MD
0	Silver Spring	Colonial Vill	la Nursing Home	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Homemaker		OF BUSINESS OR
5	USUAL RESIDÊNCE (IF NURSING HOME OR I 30. STATE Md. PG	OTHER INSTITUTION GIVE RESIDENCE BEFOR TY 13C CITY OR TOV Hyatts	WN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 5401 20t	h Ave.	
4	John Boarman	NIDDLE LAST	Belle Si	MME MIDDLE		AST
-	WAS DECEASED EVER IN U.S. ARA		1000	me as abov Booth (Dau	ghter)	DXIMATE INTERVAL N ONSET AND DEATH
7	Conditions, if ony, which gove rise to immediate couse to, stating the underlying couse lost PART 2 OTHER SIGNIFICANT CO 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COND	ITION GIVEN IN PART 20b. IF YES, WERE FIND IN CERTIFYING CAUSE	DINGS USED
	RTIE			YES NO	YES	NO [
// E	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED	218. TIME OF INJURY HOUR A.M. MONTH D P.M. 218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	DAY YEAR 19	RRED (ENTER NATURE OF INJURY		STATE
	WHILE ATWORK ATWORK 120-1 certify that (I) (this hospith sow the deceased alive an above, (I) (we) (did) (did not 22b. SIGNATURE	of ottopropolities agreemed from	DECREE ATTENDING	MEDICAL STAFF	III DAT	that (I) (we) lost the couses stated
	MIBUEL A.	PRODUCE.	2 120 ADDRESS FLOW	ver Ave	T. Pack 1	ted-
2	30. BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
	Buria1	3/13/79 S	t. Ignatius Ceme	teryChapel		arvland
2	FUNERAL DIRECTOR Himes/Rinaldi		25tr. U.A	TE REC'D. BY REGISTRAR 2	Sh. REGISJRAR'S SIGNA	Charly

DHMH - 16 50M 1/76 (VR A 15 (4))

Add business

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nd. PG Byattsville E 5401 20th Ave.

John kegraan falle stres

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Dinon/Sinules I.B. 11800 R.H.Ave.Silver Spring. Md. and Forth Mand

DAYS HOURS MIN BALTIMORE CITY OR COUNTY OF DEATH

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-07179

2b. HOUR

12h KIND OF BUSINESS OR

LAST

Home

INDUSTRY

COUNTY

STATE

STATE

IF UNDER 24 HRS

REG. NO

Same as # 13

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I

_, and that in my (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

Montcounty Md.

24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25h REA Francis H. Barber Laytonsville, Md. 20760

DHMH-16 20M (VRA 15, 4) 7/7B FOR

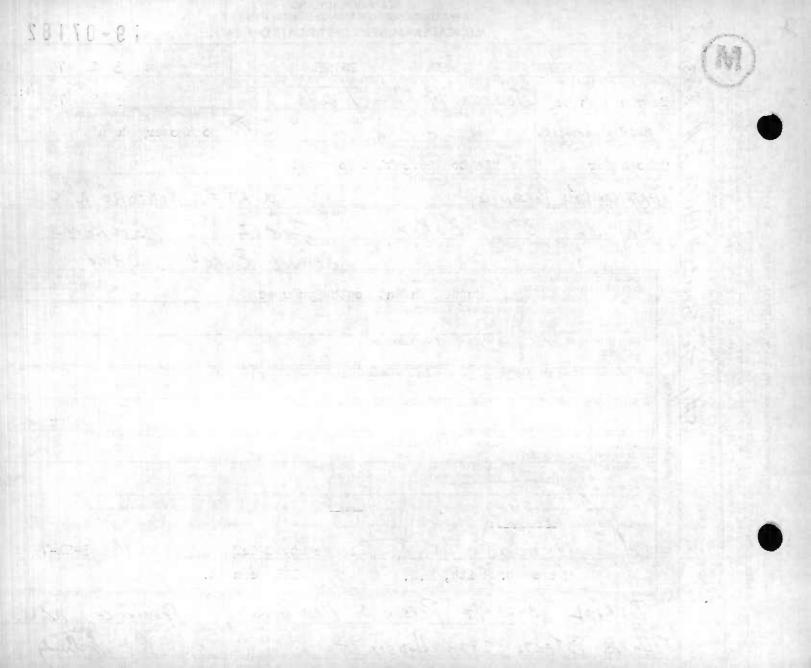
REGISTRAR

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STATE OF MARYLAND

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SEL to end	Target B. Laper		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST DECEASED NAME O. DATE KNOWN OF ESTI-LITYPE OR PRINT! 20 19 79 DEVON MARTE BURCH AGE (IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS 4. RACE DATE OF BIRTH 2d HOUR 20. DATE LAST BIRTHDAY 4:06 PRONOUNCED DEAD 20 10 79 female white DM TO BIRTHPLACE ISTATE OR TE CITIZEN OF WHAT 9. BALTIMORE CITY OR COUNTY OF DEATH COUNTRY? NEVER MARRIED Montgomery County DIVORCED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS FOR MOST OF WORKING LIFE) Washington Adventist Hospital Takoma Park 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c CITY OR TOWN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Sudden Infant Death Syndrome DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES CK NO 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INITIRY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 0 P.M. 19 71e PLACE OF INJURY LAT HOME. 21f. LOCATION STREET, FACTORY, FARM FLA STREET CITY OF TOWN COUNTY STATE AT WORK AT WORK 22a I certify, hat I took charge of the remains described above, held on Inspection ond in my opinion Homicide Suicide Undetermined manner TITLE (SPECIFY) Deputy Chief DICAL EXAMINER EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. (TYPE OR PRINT) 23d. LOCATION RSON CO. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH** - 17 (VR A15 ME (5)) 15M 7/76



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directions should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hau with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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APORTANT: If Hem 21 is marked or Hem 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

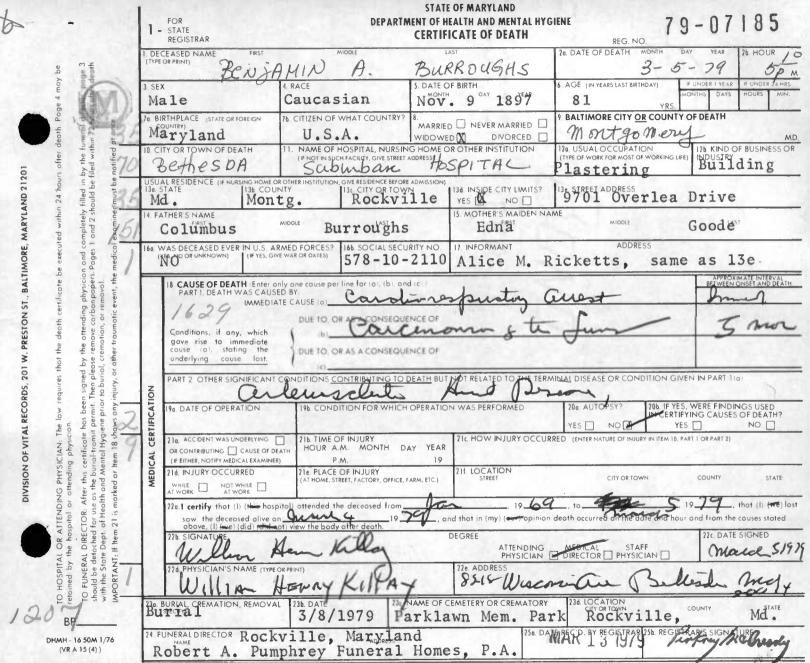
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	REGISTRAR						АІП	REG.		3-01	103
	CEASED NAME OR PRINT)	FIRST		MIDDLE	7	AST		20. DATE OF DEATH		DAY YEAR	26 HOUR
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3. SE	x	1	RACE		S. DATE C		YEAR	6. AGE (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER 24 HRS
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To BIRTHPLACE STATE OF FOREIGN				WHAT COUNTRY?	8			9. BALTIMORE CITY		OF DEATH	
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	IT OR TOWN OF DEA	TH 1	1. NAME OF	HOSPITAL, NURSIN		R OTHER INSTI	IUTION	12a. USUAL OCCUPA	TION		F BUSINESS OR
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USU	AL RESIDENCE (IF NURS	ING HOME OR C	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					1 raurio	1 accores
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0	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)				neu	ie	4.0		
Λ	lo			062-10-08	558	Honorak	Aust	in same	as 13		
	18 CAUSE OF DEATH PART I. DEATH W			line far (a), (b), and	ic		0	A / .	7	BETWEEN	MATE INTERVAL
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	gove rise to imm cause (a), statin-		DUE TO O	R AS A CONSEQUE	NCE OF						
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	PART 2. OTHER SIGN	NIFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED T	O THE TERM	INAL DISEASE OR CO	NDITION GIVE	EN IN PART 1 (c	3
O											
CERTIFICATION	190 DATE OF OPERAT	TION	196 COND	CONDITION FOR WHICH OPERATION WAS PERFORMED				20a AUTOPSY?		, WERE FINDIN	
IFIC	-				-			YES TI NOT	IN CERTIF	YING CAUSES	OF DEATH?
ERI	21a, ACCIDENT WAS UND	DERLYING	21b. TIME O	F INJURY		21c. HOW INJ	JRY OCCURE	RED (ENTER NATURE OF IN			
	OR CONTRIBUTING			M. MONTH DA			and the second second				
MEDICAL	21d. INJURY OCCURR		P. 21e PLACE		21f. LOCATION						
MEI	WHILE AT WORK AT WO	HILE	[AT HOME, STR	PEET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET		CITY OR TO	NWC	COUNTY	STATE
	220.1 certify that (1)	- Committee of the Comm	il) ottended th	e deceased from		engle -	19 7 >	5 , to 111a	1013	19_14,1	that (i) (we) lost
10	sow the deceose obove, (1) (we) (d	d alive on_	view the hody	otter depth	7 , on	d that in (my) (opinion	death accurred on the	date and havi	r and from the	couses stated
	226 SIGNATURE		7 6	1		DEGREE		COMMENT		221 DATE	SIGNED
	Cache	cerle	m.c	hura,	m		TENDING TYSICIAN		AFF ICIAN [mar	0141999
	22d. PHYSICIAN'S NA	ME (TYPE OR		0	67.0	22e ADDRESS		-7	THE XI	.7.	-
19	CATITE	RIU	k m (LHURA		SUITE	312	18111 78	INCK	PHILLIA	UR
23a E	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CE	REMATORY	ZH LOCATION	111	1000	7 3 3
(SPECIFY)		111					CITY ON TOWN	300	COUNTY	STATE

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

Burige Mar. 16, 1979 Gate of Heaven
PARE TO STATE OF THE AVEN PROPERTY O 500 University Blvd., W. Silver Spring

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WO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

may be

FOR
- STATE
DECICEDAD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-07186

1. DEC	EASED NAME	FIRST										
(TYPE	00.00	FIRST	MIDD	LE	LAS		2a. DATE OF	DEATH	MONTH	DAY	YEAR	2b. HOUR
	OK PRINT)	Armand	o Josep	h	Capora	letti	Mar.	12.	79			11:00
3. SE X	(4 RACE		5. DATE OF		6. AGE (IN YE				DER 1 YEAR	IF UNDER 24 HR
	Male		White		Aug.	26, 1925	53		YRS	MONTH	S DAYS	HOURS MIN
	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF WH.	AT COUNTRY?	8.	NEVER MARRIED	9. BALTIMO	RE CITY O	OR COUN	TY OF D	EATH	
	Wash., D	.C.	USA		WIDOWED	4 h	3.5	gome	ry			,
10. €1	TY OR TOWN OF	DEATH		SPITAL, NURSIN		OTHER INSTITUTION	12a USUAL C	CCUPAT	ION	12	L KIND C	F BUSINESS C
Si	ilver Sp:	ring		amaica]			Tire	POR MOST	OF WORKING		Cire	Co.
13a S	AL RESIDENCE (IF TATE Aryland	13P CON		e residence before . CITY OR TOWN ilver S	pring	3d Inside City Limits	10704			Dri	.ve	
14. FA	THER'S NAME Paul	Capora	letti	LAST			beth Ges				LAS	т
16a W	AS DECEASED E ES, NO OR UNKNOWN Yes	VER IN U.S. AR) (IF YES, GIVI WWI	WAR OR DATEST	77-48-6	175 I	n informant orenza Cap	oraletti	704 .	ESS Jamai ilver	.ca I	or.	Md MATE INTERVAL DISET AND DEAT
	1629 Conditions, if gove rise to	IMMEDIATE ony, which immediate	E CAUSE (o)	SACONSEQUE	NCE OF	Carcin	oma o	4	Lug	5	3	4r,
ION	Conditions, if gove rise to couse (o), so underlying co	IMMEDIATE ony, which immediate oring the ouse lost.	DUE TO, OR AS	S A CONSEQUE	NCE OF	CAV CIN			LUA	GIVEN IN	36 IPART 110	gr,
TIFICATION	Conditions, if gove rise to couse (o), so underlying co	ony, which immediate outing the outer last.	DUE TO, OR AS DUE TO, OR AS DUE TO, OR AS (c) CONDITIONS CONT	S A CONSEQUE	DEATH BUT N			ORCON	20b. IF Y	YES, WEI	RE FINDI	GS USED OF DEATH?
CERTIFIC	Conditions, if gove rise to couse (o), s' underlying co	H WAS CAUSE IMMEDIA Tony, which immediate roting the puse last. SIGNIFICANT (ERATION UNDERLYING	DUE TO, OR AS DUE TO, OR AS (c) CONDITIONS CONT 196 CONDITIO	S A CONSEQUE	DEATH BUT NO OPERATION AY YEAR 19	OT RELATED TO THE T	200 AUTO	OR CON	20b. IF Y	YES, WEI TIFYING YES []	re findir Causes	NGS USED OF DEATH?
MEDICAL CERTIFICATION	PART I. DEAT Conditions, if gove rise to couse (o), so underlying conditions and the couse (o), so underlying conditions are to couse (o), so underlying conditions are to couse (o), so underlying (o), so underlying couse	H WAS CAUSE IMMEDIA Dony, which immediate obting the puse lost. SIGNIFICANT (RATION UNDERLYING CAUSE OF DEA EDICAL EXAMINER)	DUE TO, OR AS (c) 196 CONDITIONS CONT 196 CONDITIONS 216 TIME OF INHOUR A.M. P.M. 216 PLACE OF IN	S A CONSEQUE IRIBUTING TO D ON FOR WHICH IN MONTH DA	DEATH BUT NO OPERATION AY YEAR	OT RELATED TO THE 1	200 AUTO	OR CON	20b. IF Y IN CER	YES, WEI TIFYING YES 8, PART 1 C	re findir Causes	NGS USED OF DEATH?
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DHMH - 16 50M 1/76 (VR A 15 (4))

79 | Gate of Heaven 11800 New Hampshire 250.

Silver Spri

Hines/Rinaldi Funeral Home Sil. Spg., Md.

STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2s. DATE KNOWN (TYPE OR PRINT) ESTI-S NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. D, WITHIN 72 HOURS W. PRESTON STREET, Maria DEATH MATED G. Carrescia 19 3. SEX 4. RACE 6 AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE OF BIRTH 2c. DATE LAST BIRTHDAY) PRONOUNCED 1898 Female White Nov. 80 DEAD 70. BIRTHPLACE (STATEOR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery County Italy USA WIDOWED XX DIVORCED PAGE 5 FILED, II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Silver Spring Holy Cross Hospital 3. RETAIN P. SHOULD BE Housewife BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 113b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Montgomery Maryland Silver Spring 1904 Plyers Mill Road YES AL EXAMINER ALONG WITH FORM PM 3.
BURIAL-TRANSIT PERMIT, PAGES 1 AND 2.5
AND MENTAL HYGIENE, DIVISION OF VITAL
ON, OR REMOVAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME PAGES 1, PAG MIDDLE LAST MIDDLE Philip Policelli Domenica Emanuele 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT Same as (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES! 62 1278 Christine Carrescia (Daughter) No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Acute respiratory failure DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which 15 days (b) Bilateral lower lobe pneumonia. gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION Fracture distal end left femur 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, R: PAGE 3 SHOULD BE LE STATE DEPARTMENT O YES -None NOXX 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR MEDICAL Fell while walking at home CONTRIBUTING A CAUSE OF DEATH XX 11/21 1978 THE PLACE OF INJURY CATHOME 211. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC. Plyers Mill Road, Silver Spring, Mont., Md. Home TO MEDICAL EXAMINER: 1
EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORY
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE SI
BALTIMORE, MARYLAND, 21: 22a. I certify that I took charge of the remains described above, held an Autopsy and in my apinian Natural causes XX death resulted fram: Accident Hamicide Suicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Deputy 3/16/79 SIGNATUR MEDICAL EXAMINER 1919 Seminary Road EXAMINER'S NAME M.D John S. Rogers. Silver Spring. Mont. Md. 230 BURIAL CREMATION REMOVAL 236 DATE Md. Burial Gate of Heaven Cemetery S.S. 3/19/79 Mont. BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** Himes/Rinaldi F.H. 11800 N.H. Ave. Silver Sparing Mar Tistory Malready (VR A15 ME (5)) 15M7/77

STATE OF MARYLAND

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	L	REGISTRAR			REG, NO.	
		DECEASED NAME FIRST	MIDDLE	EAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
y pe		PETER	L	CHACONAS	3	1179 730Am
e E			RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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B 89	10	a BIRTHPLACE (STATE OR FOREIGN 7	LOUNTRY?	8 MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COU	
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by t filed	0	SILVER SPRING	40LY CRO.	55 HOSPITAL	(TYPE OF WORK FOR MOST OF WORKIN Retired	
D 212		USUAL RESIDENCE (IF NURSING HOME OR C 130. STATE 13b. COUNT	THER INSTITUTION, GIVE RESIDENCE BEFORE Y 13c. CITY OR TOW		13e STREET ADDRESS	
AND n 24 hould hould	1		tgomery S.S.	YES X NO	1621 Brish	ane St.
RYL within		4. FATHER'S NAME FIRST MI	IDDLE LAST	15 MOTHER'S MAIDEN NAM	ME	LAST
MAF ed w and ond	50	Louis	Chacona	s Fota Papp	as	
xecut xecut nd co ges 1	1	60 WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE V	NED FORCES? 166. SOCIAL SECU	RITY NO. 17. INFORMANT	ADDRESS	
IMO n and . Page		None		0270 Fota Chaco	nas (Wife)Sa	me as Ahove
ALT orte b pers ol.	Ī	18 CAUSE OF DEATH (Enter only	ane cause per line for Tal, (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T., BA		PART 1. DEATH WAS CAUSED IMMEDIATE		Mon	1	1 woult
ON S h cerr ding or re of re		11957	DUE TO, OR AS A CONSEQUE	was I all lists to		A R
of ter		Canditions, if any, which	OUE TO, OR AS A GONSEGUE	A LIVE OF CHARLES	guescowas	1 2 months
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RECORD low requ los been s sermit. The le prior to	\dashv	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
L RE lo no. hos hos per	2	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING			YES TO NOTE	PETIFYING CAUSES OF DEATH? YES \(\backsigma \) NO \(\backsigma \)
VITA Vsicio cote cote onsit Hygie 8 sho	8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	
	7	an courrence C cure acasia				
ON OF 147SICIA ding p us certif burial-i Mental or frem		UF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	21f LOCATION		
1000			(AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
DIVIS or atter After the e as the outh and marked		220.1 certify that (I) (this bospits	all attended the deceased from	april 10 to 4	3-11	10 7 9 shot (I) (wa) lost
7 - ~ 5 9 5			9.1-	9 and that in (my) (earl epinion	death occurred on the date and	hour and from the causes stated
R ATTENIA hospital hospital red for used for use		saw the deceased alive an abave, (I) (was (did) (did not) 22b. SIGNATU	view the body after death.	DEGREE		22c. DATE SIGNED
0 = 0 70 7		Will-	1/2 00 14	ATTENDING _	MEDICAL STAFF	71170
PITAL by th ERAL e dete State	\dashv	ITA PHYSICIATE NAME (THE OR	118×1111	PHYSICIAN L	DIRECTOR PHYSICIAN	07
d d b	E	TARAL		111 1001233 33	O CAMERON	SI. OLAR
TO HOSPITA TO HOSPITA TO FUNERA should be de with the Stot		NOCKY	UELGER, M.	· SILVER	SPRING. W	10, 20910
2901		Burial REMOVAL		AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
/ BP			3/13/79 Ft	. Lincoln Cemet	eryBrentwood	PG Md.
DHMH-16 50M 7/77		24. FUNERAL DIRECTOR	ADDRESS		E REC'D. BY REGISTRAR 256. REG	GISTRAR'S SIGNATURE
(VR A 15 (4))		Hines/Rinaldi	F. H. 11800 N.	H AVA S S MA	mm1 14 13/3	

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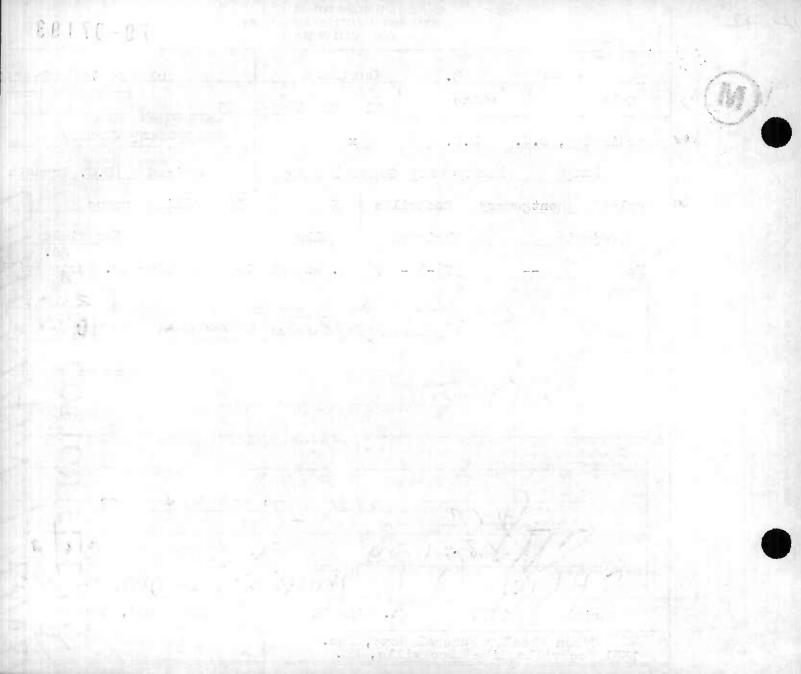
DEPARTMENT

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-07193

	100	REGISTRAR				CERTIF	ICATE OF DEAT	'H	REG. NO		9 -	01	1 3 3	
		CEASED NAME	FIRST	h	MIDDLE	L	AST	T		MONTH	DAY	YEAR	26 HOUR	
Н	(TYPE	OR PRINT)	ohn		E.	Ch	risman			03	04	79	0.	4 %A
	3. SEX			4 RACE		5. DATE C	OF BIRTH		AGE (IN YEARS LAST BIRT		IF UND	ER I YEAR	IF UNDER 2	4 HRS
		Male		whi	te	12		PAR 93	85	YRS	MONTHS	DAYS	HOURS	MIN.
1		RTHPLACE (STATE OR FO	REIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARR	IED 9	BALTIMORE CITY O	_				
1		ashington	, D.	c. U	.S.A	WIDOWE		ED 🗌	Montgo		у Сс	ount	У	MD.
0	10 CI	TY OR TOWN OF DEA	тн		HOSPITAL, NURSIN		OR OTHER INSTITUTI		120 USUAL OCCUPATI			KIND C	F BUSINES	SOR
1		Olney	7				ral Hos		Retin				Tran	sit
9 7		AL RESIDENCE (IF NURSI			GIVE RESIDENCE BEFORE		134 INSIDE CITY LI	AAITS2 11	13e STREET ADDRESS					
5				gomery	Rockvi		YESX NO		199 Rolli	ns	Aven	ue		
	14 FA	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAI	DEN NAM						
51		Benjami		MIDDLE	Chrisma	n	Ella		WIDDLE		Ma	nsf	ield	
3		VAS DECEASED EVER	N U.S. AR		166. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRE	SS			Md.	
1	(1)	res, no or unknown) ((IF YES, GIVE	WAR OR DATES)	578-10-	5070	R. Russ	sell :	14505 Dow]	ing	Dr.	Bur	rtons	vil:
		18 CAUSE OF DEATH	Enter on	ly one couse per								APPROX.	MAN PHEN	AL H
		PART I. DEATH WA	AS CAUSE	Ď BY. E CAUSE (0)	LLAGA	mid			0			2	Nw	,
		5355	WWEDIA		R CONSEQUE	mes of	1		1 11			182	11.0	
		Conditions, if ony,	which	(b)	Chor	ve -	MOON	w c	· mallus	-	1	1	John is	-
		gove rise to imm	ediote	DUETO	R AS A CONSEQUE	NCE OF								17.0
		underlying couse		(000000	K AS A CONSEQUE	ENCEOF								
		PART 2. OTHER SIGN	UFICANTO	ONOTHER	ON DOLLARISM	DEATH BUT	NOT RELATED TO T	HE TERMIN	NAL DISEASE OR CON	DITION	SIVEN IN	PART 1	01	
	NO.		ia	8/ KV	elaser									
0	CERTIFICATION	190. DATE OF OPERAT	ION	b CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	D .	200 AUTOPSY?				NGS USED	
7	Ē								YES NO		YES	CAUSES	NO [17
9	E.	210. ACCIDENT WAS UND		216. TIME O	FINJURY M. MONTH DA	AV VEAD	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 1	8, PART 1 O	R PART 2)		
1	A	OR CONTRIBUTING C		P.		19								
	MEDICAL	21d INJURY OCCURR	ED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	104 F7C)	21f LOCATION	_/ **	CITY OR TOW	(N	co	UNTY	STA	TE
	E	WHILE D NOT WH	ME []	(AT HOME, STA	REET, FACTORY, OFFICE, F	ARM, ETC.]	JINEET		CIII OK 10.	,		01411	314	
	-3	72s.1 certify that (I)	this haspi	adopted the	a demoised from	2	21 19	79	_, to _ 3/4	•	. 19/		that (I) (**	a) lost
		saw the decease abave, (I)	d alive on	3/2	ofter death.	, 0	nd that in (my) (opinion de	eath occurred on the di	te and h	our and	from the	cousps stot	red
		22h SIGNATURE	11	1	A	1	DEGREE	1			2	2c. DA E	SIGNED	,
			1	420	May	NB	ATTEN PHYSI	ICIAN M	MEDICAL STAF	IAN [2	4 19	
1		174 PHONECIAN'S NA	ME ITHO	Rest)			22e ADDRESS	IV.	11	71		17	54	3
1		1.4	17	69V			1811/1	544	yle win	00	ney	M	200	125
1	23a. B	BURIAL, CREMATION, I SPECIFY) Burial	REMOVAL	123h DATE/7	236.1	AME OF C	EMETERY OR CREM	ATORY	23d. LOCATION	WOO	d coul	arv	land	E
									- 1	11	9	-		
	24 FL	NERAL DIRECTOR	n Wh	eeler F	uneral H	Home,	THE	250. DATE	REC'D. BY REGISTRAR	256. REG	STRARS	SYPOO	Jane J	
		1331 Roc!	kvill	Le Pike	Rockvi	lle,	Md.	Mill	1/ 1/0/2					

DHMH - 16 50M 1/76 (VR A 15 (4))



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1-	- STATE REGISTRAR			DEPAR	CERTIF	ICATE OF DEATH	REG. I	7 9	9-07	194	
		CEASED NAME E OR PRINT)	FIRST WILL		AIGDLE		AST TOTAL	20 DATE OF DEATH		YEAR	26 HOUR	
	3. SE	3. SEX		4 RACE 5. DATE C			6 AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN		
6	C	IRTHPLACE (STATE ORF	hire		NHAT COUNTRY	? 8.	D NEVER MARRIED	9 BATTIMORE CITY			MD	
0	10 CI	ensington	ATH	10409	Armory	AVO.	DR OTHER INSTITUTION	12g USUAL OCCUPA (TYPE OF WORK FOR MOST Clergyman			ion	
5	130	AL RESIDENCE (IF NUR STATE Maryland	13b COUN		GIVE RESIDENCE BEFO 13. CITY OR TO Kensin	WN	13d INSIDE CITY LIMITS?	13° 10409 Ari	nory Av	70.		
50		William		MIDDIE	Clews		15. MOTHER'S MAIDEN NAME FIRST	Virginia		Wilî:		
1		WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	212-40-		17 INFORMANT Son Hedley V. Cl.			vood Ct		
		18 CAUSE OF DEAT PART I. DEATH V	VAS CAUSE	nly ane cause per D BY TE CAUSE (a)	line far (a), (b , a	SHOU	1				MATE INTERVAL ONSET AND DEATH	
		1539 Canditians, if any gave rise to im		DUE TO OF	r as a consequ	JENCE OF	netasamu	Canon		,	1-	
		cause (a), stati underlying cause	ng the e last	(c)	R AS A CONSEQU	-	canon e	مدما				
	TION						NOT RELATED TO THE TERM					
7	CERTIFICATION	19a DATE OF OPERA				H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF			
7		21a ACCIDENT WAS UN OR CONTRIBUTING [1111	M. MONTH	DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18, PA	ART 1 OR PART 2)			
	MEDICAL	21d. INJURY OCCUR WHILE AT WORK NOT W AT WO	HILE [21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE	, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	NWN	COUNTY	STATE	
		22a. I certify that (I) (this hexpital) attended the deceased fram										
		22b. SIGNATURE	43	~ P.	hung	12		MEDICAL ST.	AFF ICIAN .	22c. DATE	SIGNED 17/79	
l		22d. PHYSICIAN'S N	AME (TYPE O	SCHWA	RTZ	1	22e ADDRESS 106 Irv:	ing st., N.	W. Was	sh., D.	C.	
	230 B	BURIAL, CREMATION, SPECIFY) Buria		23b. DATE 3/21/1			emetery or crematory Church Cemete:	23d. LOCATION		COUNTY	state rginia.	
	24 FU	UNERAL DIRECTOR		EPH GAW			RAA.	R 23 1979	P 256 BEBIST	RAR'S SIGNAL	URE LEADY	

5136 WIGG. AVE., M. W. WASH., B. C. 28918

4200 DHMH - 16 50M 1/76 (VR A 15 (4))

THE RESIDENCE AND PART BOOK AS

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BOOK (. N. LODE TO	the Self or	of the gar	The state of		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) M arie COLBURN DEATH MATED IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE PRONOUNCED Female white 9 BALTIMORE CITY OR COUNTY OF DEATH b. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED USA Montgomery County DIVORCED washington, D. C 120 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS ID. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Suburban Hospital Bethesda Student USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13.705 Stoner Drive Montgomery Silver Spring NO [Maruland MIDDLE Emelio Colburn. Sr. ADDRESS Richard D. Colburn. Sr. same as 13 No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) tiPle. Injuries Sovere -BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Auto Accident Canditians, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a) IFICATION 190. DATE OF OPERATION 20. AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? NO X 3 SHOULD BE DEPARTMENT 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR Possenger . wi Con . Domin lost contin LAT HOME NOT WHILE ckerson School-Ra-AT WORK 22a. I certify that I took charge of the remains described obove, held on SIGNATURE EXAMINER'S NAME ADDRESS 1936 Old Georgetown Rd. Bethesda, Md. John G. Ball (TYPE OR PRINT) 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL Mar. 13. 1979 Gate of Heaven Silver Spring. 24. FUNERAL DIRECTOFrancis J. Collins **DHMH-17** (VR A15 ME (5)) 500 University Blud. W. Silver Spring. Md. 15M 7/76

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219-74-5995 Richard D. College, St. Some do 13

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Trancés J. Colláns Ella Majoonaster Blowl. M. Sidnar Springer Wil.

						STATE OF MARYLAND		
		-	1.	FOR STATE	DEPAI	RTMENT OF HEALTH AND MENTAL HY	YGIENE	70 07100
	-			REGISTRAR		CERTIFICATE OF DEATH	REG. NO	0. 19-01196
1				CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
	W 188			HNGE	10	COLELLIT		B 12 79 11:37 Am
1			3. SE	m.	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN
	oge		_	///ale	white	Sep. 29 1883		YRS.
	rold 72 ho	1000		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED		R COUNTY OF DEATH
	deo fune thin	5/	10.0	Italy	USA	WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	107000	
	the dwin	8/18	100		(IF NOT IN SUCH FACILITY, GIVE STR	EET ADDRESS)	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	
120	n by	e 0		lver Spring	Holy Cros.	s Hospital	Barber	
10 2	24 ho	152 A			OR OTHER INSTITUTION, GIVE RESIDENCE BEINTY 136. CITY OR TO		13e. STREET ADDRESS	***************************************
TA	sho sho	570		ryland Monte	gomery Wheato	N YES NO		s Mill Road
IAR	y with	\$ 50		UNKNOWN	MIDDLE LAST	FIRST	MIGGLE	LAST
Ä,	com com s 1 o	0	16a V	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SE		IKNOWNADDRE	:55
IMORE	ond ond	l ledical	(YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES) 579-44	307		
ALTI	re be	the			inly ane cause per line far (a) (b).		ocecca	same as 13
80	phys	ent,	.33	PART I. DEATH WAS CAUS	ED BY.	Carlestolymon	1 6/100	RETURN CHOSET AND DEATH
IS N	ling ling rborrer	lic ev	20	1401/0 IMMEDIA	ATE CAUSE (a)	4000	Fractice	1
STO	death attend ave co tion, o	O WO		Canditians, if any, which	DUE TO, OR AS A CONSEC	DUENCE OF		weeks
PRESTON	e of se of	r tro	300	gave rise to immediate	(6)	100		
```	by the	othe		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	QUENCE OF		
201	ned plec	,0	18	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1/g
RDS,	equir n sig Then to b	Colu	NO				THE PIDENCE ON CONT	SINGIV GIVE, VIEW ART NO
RECORDS	beer mit.	ou C	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
	he la has t per	SMO	TIFIC				YES NO	IN CERTIFYING CAUSES OF DEATH?  YES NO NO
DIVISION OF VITAL	N. I hysici cote cote ronsi	8 3	GE	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	21c HOW INJURY OCCU	PRED (ENTER NATURE OF INJUR	TY IN ITEM 18, PART 1 OR PART 2)
O	ICIA 9 pt ertifi iol-t	E //	AL	OR CONTRIBUTING CAUSE OF DE	.70111	DAY YEAR		
O	HYS ndin his c	- To	MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	21f. LOCATION	CITY OR TOW	VN COUNTY STATE
N	ING P r offer as the Ith and	rked	Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFR	LE, FARM, EIC.)	CIII OK IOW	VN COUNTY STATE
۵	ADIP Ose of the collt	E	- 1	22a.1 certify that (1) this hasp	oital) attended the deceased fram	n gen 26 197	9 , to Work	12 19 29 , that (Awe) last
	R ATTEND haspital a RECTOR: A red for use	21 is		saw the deceased alive or	an view the body after death.	19, and that in (m) (aur) apinia	n death occurred on the do	ate and haur and fram the causes stated
	S t S e	Fea		27h SIGNATURE	1 02/	DEGREE		22c. DATE SIGNED
	al O the Al D detac	T. #		Millon	1 1 19d	M_D ATTENDING PHYSICIAN	MEDICAL STAF	IANT march 12 #
	HOSPITA ined by FUNER	Y I	16	22d. PHYSICIAN'S NAME (TYPE	OR PRINT	22e ADDRESS		ve,
	TO HOSI retained TO FUN should b	IMPORTANT	1	MILTEN	J. KOCH	18301 6	S.S MD	, 20902
2	TO TO Show	₹	23a E	URIAL, CREMATION, REMOVAL	L 23b. DATE 23	C NAME OF CEMETERY OR CREMATORY	1234 LOCATION	
0	BP_			SPECIFY) BUTIAL	Man 15 1070 A	rlington National	Arlington	COUNTY STATE
	DHMH - 16 50M7/7	77	24 FI	INERAL DIRECTOR Franc	is J. Collingress	Was Pr	ATE REC'D BY REC'DIRAR	251 RECOSTRATOS SIGNATURE
	(VR A 15 (4))				Rud. W. Silver	Spring. Md. WIF	11 79 1212	1



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Pand Pentamens Wiseren 1970s Poles Weep Court (ANTHONIA)  (ANTHONIA)  SOIT  STRESS 1997 LEARCH F. CORRER OF F.	, 5.11	am Solo Xor se		
CHICAGON LUCTURE SAID  STR. 64-707 Learner F. Califfe Same as 17	or Social Palm Chass	s insnite?	40,400	
CANCELLAND LAND CONTRACT OF STREET ST	10200 1 1.0.10 2.00 1 1.00°		1100 0000	1000 (33)
T 579-88-707 Learner C. Colole C. Jame	ACCULARY.		Williams A	
	7.57-072 TV	THE LONGS TO -		11 10 0mm
1060				

FOR

- STATE REGISTRAR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 79-07197

ALCOHOLD	3 SE			4 RACE		5. DATE O	DAY YEAR	6 AGE (IN YEARS	LAST BIRTHDAY}	# UNDER I YEAR	_
四周		Female		Cauca	0.00	June		83	YR	s	7.00.0
191	C	IRTHPLACE (STATE OR	FOREIGN )		WHAT COUNTRY?	MARRIED	NEVER MARRIED	1 BALTIMORE		NTY OF DEATH	
- BH		sh. D. C.	ATH			WIDOWE	D DIVORCED C	12a USUAL OCC	790n	W KIND	OF BUSIN
Otifie	1	20 Hosda			CH FAGILITY, GIVE STREET AD		K OTTER WASHINGTON	TYPE OF WORK FOR	MONT OF WORKIN	G LIFE) INDUSTRY	,
Per l	USU	AL RESIDENCE (IF NUI	RSING HOME OR	OTHER INSTITUTION	I, GIVE RESIDENCE BEFORE A			Ret'd P		se Nur	sing
25	136	Md.	Frede		Doubs		13d. INSIDE CITY LIMITS? YES ■ NO □	13e. STREET ADD	RESS		
Mine	14. F/	ATHER'S NAME		IDDIE .	1457		15 MOTHER'S MAIDEN N		DDLE		
100		Geerge	Î	v.	Compher		Abbie			Watse	
Medicol	16a V	WAS DECEASED EVEN		AED FORCES?	166 SOCIAL SECUR		17 INFORMANT		ADD 301 R	ussell A	ve.,
0		YES, NO OF UNKNOWN]			579-28-62	239A	Asbury Home	Records	Gaith	ersburg.	Md.
ot, th		18 CAUSE OF DEA	TH (Enter only	y one couse per	r line for (a), (b), and	160	OTIVE	110018	TI	BETWEEN	I ONSITI AN
eve			IMMEDIATE		0010	198	51114	MY AN	17 ac	Mes 2	10
roumotic		Conditions, if any									
other tr		gave rise to in couse (0), state underlying caus	nmediate ing the	DUE TO, O	OR AS A CONSEQUEN	CE OF			`		
njury, or other tr	N.	gave rise to in couse (0), state underlying caus	nmediate ing the se lost	(c)			NOT RELATED TO THE TER	MINAL DISEASE OI	R CONDITION (	GIVEN IN PART 1	(a)
ws ony injury, or other fr	IFICATION	gave rise to in couse (0), state underlying caus	mediate ing the se lost	ONDITIONS C	ONTRIBUTING TO DE	PERATION	N WAS PERFORMED	20a AUTOPSY	20h. IF	YES, WERE FIND	INGS US
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ny injury, or other	AL CERTIFICATION	gave rise to im couse (a), stati underlying caus PART 2 OTHER SIG	ATON  ATON  ATON  OFFICIANT CO	196 COND  196 COND  196 TIME CHOUR A	ONTRIBUTING TO DE BITION FOR WHICH O BE SOLVETTE OF INJURY M. MONTH DAY	PEATH BUT I	N WAS PERFORMED	200 AUTOPS	20h. IF	YES, WERE FIND! RTIFYING CAUSE YES []	INGS US
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Addition to the control of the contr

10/		1			STATE OF MARYLAND		
10		1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	7 9 -	07198
,			REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	01100
	. e-		CEASED NAME FIRST	MIDDLE	(AST	20 DATE OF DEATH MONTH	DAY YEAR 2h HOUR
	2 0 0		Fann	10	Condon	3 - 9	- 79 8 4 M
	À Ou	3 SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	4		Female	white	Sept. 21 1882	96 YRS	MONTHS DAYS HOURS MIN.
	Poge		RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	8	BALTIMORE CITY OR COUN	
	deoth unerthin 7	C	Md.	U.SA.	MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	Montgom	ery MD.
	*** en 75	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	MAL KIND OF BUSINESS OR
102	by the filed with	K	ensington	Pircle Har	10 F - H.H.	Retred Teach	
BALTIMORE, MARYLAND 21201	d be ust be	13a. S	AL RESIDENCE IF NURSING HOME	DR OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION) VN 138 INSIDE CITY LIMITS?	130 STREET ADDRESS	
Q.	fille ould	1	Md. Pr.	George Cint	The same of the sa	9505 Bra	nothwine Ral
34.	tely 2 sh	14. F	ATHER'S NAME	3	15 MOTHER'S MAIDEN NA		
AA	and		Jais.	MIDDLE CAND	an Sacah	WIDOFE	Wilson
E,	5 9-	16a. V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	JRITY NO. 17 INFORMANT	ADDRESS	Same as
WO	Poges Poges	(	(IF YES, GI	VE WAR OR DATES) 579-61	7-3845 Mrs. Thor	nas Gwynn Jr	- # 130
ALTI	به نځه ه			only one couse per line for (a), (b) a		100 47(11) 5 1	APPROXIMATE INTERVAL
80	physical phy		PART I. DEATH WAS CAUS	ED BY	De maris		BETWEEN ONSET AND DEATH
TST			I/ CI I	ATE CAUSE (a)	CT CHIMITIS		
Į.	e deoth ce e ottendin move corb notion, or i troumatic	7	486-	DUE TO, OR AS A CONSEQU	ENCE OF		
RES	e deot		Conditions, if ony, which gove rise to immediate	(b)			
W. PRESTON ST.,	by the ose remo		couse io, stating the underlying cause last	DUE TO, OR AS A CONSEQU	ENCE OF		A CONTRACTOR
201	- 0 e o			( (c)			
5, 2	n signe Then p to bur injury, 4	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	WINAL DISEASE OF CONDITION C	GIVEN IN PART 1(0)
OR		1 6	/TV 164	10501810221	- GPN 8001	13201 120 120 120 12 15 V	TEC WERE ENDINGS USES
DIVISION OF VITAL RECORDS,		CERTIFICATION	190 DATE OF OPERATION	198 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
IA I	The k cion. The k sixt per giene shows	E					YES NO
>	G PHYSICIAN, The I strending physicion. This certificate has the buriol-transit per and Aentol Hygiene ked or item 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	1 110115 4 44 41011711 5	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 1	B. PART 1 OR PART 2)
ō	SICI ng p cert riol- ento	CA	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M.	19		
S	G PHYSIC offending for this cer s the burion of Meninicked or the condition of the conditio	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
<u>&gt;</u>		1	AT WORK AT WORK		and the second second		d
			22a.1 certify that (1) (this has	oital) attended the deceased from.	. 19	6. 10 72145 mil	, 19, that (I) (we) last
	OR ATTEND or hospital or DIRECTOR: Ached for use Dept. of Heal		obove (I) we (did) this	1919	, and that in (my) (our) opinion	death occurred on the date and h	our and from the causes stated
	OR A he hosy DIRECTOCHED TO THE HEMILE THE H	/	THE STONATURE	11	DEGREE		IN DATE SIGNED
	TAL OR AI yy the hosp RAL DIREC detoched tote Dept.	-	N/5	Mustin	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/9/79
	HOSPITAL bined by the FUNERAL build be det the the Store PORTANT:	1	220 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	1	
	TO HOSPITAL Cretoined by the TO FUNERAL Should be detoo with the Store ElmPORTANT: If		John B.	Umhau 1	10 8805 (0	nn. Har. Ch	on Chose Mil
	Sho Sho Mark		SURIAL, CREMATION, REMOVA	L 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	134 LOCATION	744
12	082		Burial	Mar. 12, 1974 P	rospect Cem. Tw	Mt Giry F	Geterick md.
	DHMH - 16 60M 1/75	24. E	MERAL DIBERTORY I'M	unilles Fineral	Home INC. 250.	TE REC'P. BY PEOPLE WATER SET	STRAP S SPENDING
	(VR A 15 (4))	in	33 000 01	* Ander Ferry	Rd- Clinton, md.	10 13/3	Mayround
		00	100 OMO ME	VITAGEL 1 SELLA	Va- CHILION WITE		-

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE I. DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) Nina V. Connelly 15 03 11:40P 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Female. MONTH YEAR HOURS Caucasian 31 1900 March TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Montgomery Maryland U.S.A. WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR Montgomery Gens Hosp. (TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Olney Homemaker none USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 1130. COUNTY 1130. CITY OR TOWN 130. STATE 130 STREET ADDRESS 13814 Travillah Rd. 13d INSIDE CITY LIMITS? Maryland Montgomery Rockville YESX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST FIRST MIDDLE Elizabeth Henley Owen Grimes 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mt. Airy, Md. 219-20-4065 Vernon S. Connelly 18 CAUSE OF DEATH (Enter only one couse per LOCARDIAC PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID /HSU FFICIENCY DIVISION OF VITAL RECORDS, 201 W. PRES gove rise to immediate couse (a), stating the underlying couse IGNIT CANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT PART 2 OTHER AILURE CERTIFICATION *EXET CONDITION FOR WHICH OPERATION WAS PERFORMED 285 IF YES, WERE FINDINGS LISED 78s AUTOPSYT IN CERTIFYING CAUSES OF DEATH? NOF Mile ACCIDENT WAS UNDERLYING [7] 716. TIME OF INJURY 21c HOW INJURY OCCURRED. (INTERNATURE OF INJURY IN ITEM 18, FART 1 OR FART 2). 8 HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING CAUSE OF DEATH FIFTHER, NOTIFY MEDICAL ERAMINERS P.M. 19 ō TIE PLACE OF INJURY TH. LOCATION CITY ON TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE HOT WHILE [7] hospitall attended the deceased from 22s.1 enrify that and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 27c DA ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [ MPORTANT 24. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS d b 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE STATE Burial 3-19-79 Darnestown Presby.Cem. Darnestown Montg. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE ... 24 FUNERAL DIRECTOR ROCKVILLE DHMH - 16 50M 1/76 (VR A 15 (4)) ROBERT A. PUMPHREY FUNERAL HOMES P/A

79-07200

REG. NO 24. DATE OF DEATH MONTH 7h HOUR 36 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER I YEAR HOURS YRS **BALTIMORE CITY OR COUNTY OF DEATH** Montgomery 12ª USUAL OCCUPATION 12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker none 9108 Tuckerman Street

Made

ADDRESSeabrook Melvin O. Cooke, 9108 Tuckerman St., Md.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [

COUNTY

STATE

(our) opinion death occurred an the date and hour and from the causes stated

226 DATE SIGNED STAFF

Silver Sprong Brentwood, Maryland STATE Ft. Lincoln Cemetery

ROWER C. Beall Funeral Home ...... Maryland 9013 Annapolis Road, Lanham, Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REGISTRAR 256 HEGISTRAR'S SALMATORE

DHMH-16 20M (VRA 15, 4) 7/7B FOR

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77

(VR A 15 (4))

NAME JOSEPH L. CANSY LED, ADDRESS

MAR 23 12590 INDIAN HILLD

STATE OF MARYLAND

WEST FRIENDSHIP MO 21794

IF UNDER 24 HRS

HOURS

126 KIND OF BUSINESS OR

CONSTAUCTION

2016F

79-07201

IF UNDER 1 YEAR

INDUSTRY

COUNTY

COUNTY

250. DATE REC'D, BY REGISTRAR 256 HE ETDAR 5 SIGNATURE

MO

22c. DATE SIGNED

STATE

STATE

DAYS

STATE OF MARYLAND FOR 79-07202 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME 2n DATE OF DEATH XXXX Annie Laurie Corrigon Tues. 3-6-19794 RACE 3 SEX MONTH female white 1892 Oct. 14 86 To BIRTHPLACE ISTATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, DC USA WIDOWEDXX DIVORCED TI Montgomery IB CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Fairland Fairland Nursing Home Housewife. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 own home JSUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS Maryland MontgomeryBurtonsville YES X 3933 Sandy Spring Road 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME EIRST FIRST MIDDLE Barnabas Chanev Mary Stone ADDRESS 6n WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-74-3747 Lois A. Carroll-daughter-(same as no none APPROXIMATE INTERVAL 8 CAUSE OF DEATH (Enter only one cause per line for to , (b), and ic-PART I. DEATH WAS CAUSED BY CARCINOMA OF THE COLON 9 MUNAMS IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to1, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION Antenoscherote Heart Diseasio 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ NO YES [ 71n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ( IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE September 1 10 76 manch 22a | certify that (1) (this hospital) attended the deceased from sow the deceased alive on Sebruary 28 19 79 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (well-did) (did not) view the body offer death 22b. SIGNATURE DEGREE 22c. DATE SIGNED decks ATTENDING MEDICAL M.O. 3/6/79 be deta PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS TO FUNE should be with the S IMPORTA BARRY 10620 HECHT GEORGIA AVENUE SILVER SPRING 230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE 3-9-1979 Fort Lincoln Burial Brentwood Pr. Georges Md SVOATE REC'DY BY REGISTRAR 21 "Warner Pumphrey, Inc. DHMH - 16 50M 1/76 (VR A 15 (4)) 8434 Ga. Ave., S.S. Md

. where the state of the state of

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME O DATE KNOWN XX MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-Janet Ellen Coyne 19 79 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE PRONOUNCED LAST BIRTHDAY) 1932 46 Female White Sep. 21, DEAD 19 79 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXNEVER MARRIED FOREIGN COUNTRY ILLINOIS U.S.A. Montgomery County WIDOWED DIVORCED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS HOUSEWIFE 912 Kenbrook Court Silver Spring USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE 113b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Silver Spring Maryland Montgomery 912 Kenbrook Court NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE SHEA McCOY LILLIAN FRANK 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS IYES NO OR UNKNOWNI (IF YES, GIVE WAR OR DATES) ROBERT M. COYNE SAME AS 13 HUSBAND 358-26-9417 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute myocardial disease. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) None 90. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? None YES NO XX 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY LATHOME If LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK 220 I certify that I taak charge of the remains described above, held an Autapsy Natural causes XX death resulted fram: Undetermined manner TITLE (SPECIFY) ACTUAL 3/8/79 Deputy SIGNATUR MEDICAL EXAMINER 1919 Seminary Road EXAMINER'S NAME John S. Rogers. ADDRESS Silver Spring, Montgomery, Md. 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY BURIAL 3/12/79 MT. OLIVET CEMETERY ILLINOIS WORTH COOK THE FUNERAL DIRECTOR FRANCIS J. COLLINS
500 UNIV.BLVD., W., SILVER SPRING, MD. 20901 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SCHANURE **DHMH - 17** (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND

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FOR - STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7.9-177714

		REGISTRAR				CERTIF	ICATE OF	PEAIN	R	EG. NO. JB	יפטטער	
		CE ASED NAME	FIRST	-	AIDDLE	i.	AST		2a DATE OF DE	ниом НТ	DAY YEAR	2b. HOUR
5.1	(1AbF	OR PRINT)	MAZ			CR	AIG		MARCH	17, 1	979	2140 ~
Tu-	3. SEX			4 RACE		5. DATE C		YEAR	& AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
		MALE			GRO	MAR		79	-1:	YRS		HOURS MIN
San		RTHPLACE (STATE OR FO	REIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARDIE	NEVER	MARRIED [	9 BALTIMORE	ITY OR COUN	TY OF DEATH	
36		MARYLAND			JZ	WIDOWE	D D	VORCED [		MONTGO	MERY	MD.
27		BETHESDA	1	NATIO	HOSPITAL, NURSIN H FACILITY, GIVE STREET A NAL NAVA	ADDRESS)			12a USUALOCC (TYPE OF WORK FOR N/A			OF BUSINESS OR
, mo	130 5	AL RESIDENCE (IF NURSI STATE Inginia	Falr	1TY	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE C	NO T	1736-A1	Knight	St.	
e de la composition della comp	14 FA	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER	S MAIDEN NA		DIE		
132	B			TNAZZ	CRAIG	,	A	LIYE	Wil	DIE	OZARI	KMAN
2		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	INT	1736 A	PRESKNI	GHT STR	REET
		N/A			N/A		FATH	ER	FT BEL	VOIR-	VIRGINI	TA 550PC
i.		18 CAUSE OF DEATH	H (Enter on	ly one couse per D BY	line for (a), (b), and	d (c)					BETWEEN	ONSET AND DEATH
e ^ e				E CAUSE (o)	[MMATUR]	TY O	F INF	ANT				
none		7651			R AS A CONSEQUE							
0	23	Conditions, if ony,		(b)_	PREMATUR	RE LA	BOR A	ND DE	LIVERY			
e e	4.3	couse (a), stating	g the	DUE TO, O	R AS A CONSEQUE	NCE OF						
0				(c)								
, dunk	Z	PART 2 OTHER SIGN	IFICANT (	CONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	NINAL DISEASE OR	CONDITION	OVEN IN PART 11	5
	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY		YES, WERE FINDIN	
2	TIFIC								YES NO	V. I	TIFYING CAUSES YES	OF DEATH?
000	CER	21a. ACCIDENT WAS UND	_	110110 1		VEAD	21c HOW IN	JURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 1	B, PART 1 OR PART 21	
e l	AL	OR CONTRIBUTING C		TH HOUR A.	M. MONTH DA M.	19						
or II	MEDICAL	21d. INJURY OCCURR		21e. PLACE			211 LOCATE	NC	CITY	OR TOWN	COUNTY	STATE
rked	Z	WHILE NOT WH	RK	(AI HOME, SIR	eel, FACTORY, OFFICE, FA	ARM, ETC.)				4=	7.0	STATE
9		22a.I certify that	(this hospi	tol) ayended th	deceased from_		Mar 1/	19. 19		Mar 1/	. 19_19	that (/ (we) lost
7		saw the decease above, (V (we) (d	d olive on	1101 •	ofter death	79. or	d that in fmf	(our) opinion	death occurred on	the date and h	our and from the	couses stated
lem	-71	226. SIENATURE	. /	//	arre dediti		DEGREE		NA - ST	1000	22c. DATE	SIGNED
=		1 Laur	11/1	Snul	L MIN	7		ATTENDING PHYSICIAN T	MEDICAL DIRECTOR   F	STAFF HYSICIAN	20 M	larch 197
4		216 PHYSICIAN'S NA	ME (TYPE O	R PRINT)			22e ADDRES	is No.	ısı Madia	al Cont	or Both	nesda,Md.
2		GARY	W	· Jm	1++		Natio	ndi Nav	/al Medic	ai celli	er, bell	iesua, mu.
5	. (:	BURIAL, CREMATION, I	REMOVAL	23b. DATE	1070 23c N	AME OF C	EMETERY OR	CREMATORY	23d. LOCATIO		COUNTY	STATE
	ire	mation	-	Mar.19	Nat	ional	Naval	Medica	Bethes	da Mont	gomery M	1d.
	24. FL	UNERAL DIRECTOR			ADDRESS		Ce	nter DAT	TE REC'D. BY REGIS	TRAR 25b. REG	PRAPS SIGNAT	Charde

DHMH - 16 50M 1/76

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(VR A 15 (4))

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a. DATE OF DEATH (TYPE OR PRINT) Prsula Arian 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY MONTH 1888 Female Caucasian To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRYS MARRIED NEVER MARRIED Maine U.S.A. Mont gomeRy WIDOWED DIVORCED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rockville 14101 London Lane Housewife PRESTON ST., BALTIMORE, MARYLAND 21201 Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) should be 135 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Montgomery Maryland Rockville 14101 London Lane YES X NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME C MIDDLE MIDDLE David Daigle Damoise Bishop 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 215 54 6910 Roland J. Craig Same as item 13 a-e 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and is APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 5 mas IMMEDIATE CAUSE arteriosclerous Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) DIVISION OF VITAL RECORDS, CERTIFICATION prior 19 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20s AUTOPSY7 IN CERTIFYING CAUSES OF DEATH? be entol Hygiene NO I ol-tronsit 21a. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY - ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 2 ō 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE COUNTY STATE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN [ 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should be MPORT 1 - BenAck 230. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (SPECIFY) CITY OR TOWN BP Burial Gate of Heaven Cem. Silver Spring 24 FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 25a. DATE REC'D. BY REGISTRAR 25b. REC DHMH - 16 60M 7/73 1331 Rockville Pike Rockville, Md. 20852 (VR A 15 (4)) Entry McCready

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9-07205

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-07207 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 20 DATE OF DEATH DECEASED NAME LITI. TAN CROFOOT 3. SEX 4 RACE 5. DATE OF BIRTH MONTH HOURS DAYS FEBRUARY 24. 78 1901 WHITE 70 BIRTHPLACE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MONTGOMERY U.S.A. DIVORCED I 125 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY N56 LOME U.S. GOV'T. SUPERVISOR BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136. STATE 136. COUNTY 138. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 56th PLACE RIVERDALE 5409 MARYLAND P.G.CO. YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST WIDDLE EUGENE HARDY ROSA E. HARDY ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 342-18-6874 DOROTHY FARRAR RT.2 BOX 130B HANOVER, MD. NO NONE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH B CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY SEPSIS DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., DNE IMMEDIATE CAUSE (a AS A CONSEQUENCE OF URINARY TRACT INFECTION Canditions, if ony, which gave rise to immediate couse (a). stoting A CONSEQUENCE OF URINARY TRACT INFECTION SUBACUTE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOI 71a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY CITY OF TOWN STATE WHILE NOT WHILE IANUARY MARCH 22a 1 certify that (1) (this haspital) attended the deceased from 24 MARCH sow the deceased alive on __ and that in (my) (aur) opinion death occurred on the date and haur and from the causes stated obove, (I) (we) (did) (did not) view the body after death 225. SIGNATURE DEGREE 22c DATE SIGNED -ATTENDING MEDICAL STAFF 24 MARCH 1979 Should be deta with the State I PHYSICIAN P DIRECTOR MPORTANT: PHYSICIAN 22d PHYSICIAN'S NAME LIVE OF PRINT 22e ADDRES RIVERDALE 23g. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE STATE 3/28/ CEDAR HILL CEMETERY BURIAL SUITLAND. P.G. CO. MARYLAND 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 ADDRESS (VR A 15 (4)) RIVERDALE, MARYLAND CHAMBERS FUNERAL HOME

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-07209 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH I DECEASED NAME MIDDLE (TYPE OR PRINT) IF UNDER I YEAR 3. SEX 4 RACE DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY IF UNDER 24 HRS Male DAYS HOURS 19 white TO BIRTHPLACE (STATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED Turkey USA WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY United States Government IF NOT IN SUCH FACILITY, GIVESTREET ADDRESS) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 1136 COUNTY 16920 Baederwood Lane Po Montgomery Rockville Maryland YES [ NO K 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Berjouhi MIDDLE Miadzinian Dadourian Mihran ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-18-8336 Mary G. Dadourian same as 13e WW TT Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH pope 18. CAUSE OF DEATH (Enter only one couse per line for d)_(b), and (c). PART I. DEATH WAS CAUSED BY una cerusa -15-79-70 IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost ple PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) ā CERTIFICATION 0 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? elmatoma Ol NOK YES [ NO [ rtificote ial-tronsit ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M Mei 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE NOT WHILE AT WORK 220. | certify that (1) (this hospital) attended the deceased from_ sow the deceased alive on _____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated oboxe. (1) (we) (did) (did not) view the body ofter death DEGREE 22c DATE SIGNED detoche new MEDICAL ATTENDING STAFF Should be detor PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224. PHYSICIAN'S NAME (TYPE OR PRIN 22e ADDRESS god Mont 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Burial STATE Rockville Cemetery Rockville, Maryland Tyson Wheeler Funeral Home, 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4)) 31 Rockville Pike Rockville, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) Madeleine Hilda Danald DEATH MATED 2d. HOUR 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. SEX 24. DATE LAST BIRTHDAY PRONOUNCED Female White 91420 DEAD To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New Jersey U.S.A. WIDOWED DIVORCED 120. USUAL OCCUPATION (TYPE OF WORL) 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Hospital Public Health Nurse Adventist Washington 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a. STATE Calvert YES TO NO L 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST AND John Menzle Hilda Unknown 17. INFORMANT Daughter 16b. SOCIAL SECURITY NO. ADDRESS Tucson, Ariz. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 078-12-8938 Mrs Dawn Kough. 8606 E Old Spanish Trail No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART | DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO S BURIA E 3 SHOULD BE E DEPARTMENT PRIOR TO BURIA 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN DEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING -DOR WEDICAL CONTRIBUTING TCAUSE OF DEATH 21f. LOCATION 21e PLACE OF INJURY 21d. INJURY OCCURRED (AT HOME. AT WORK AT WORK TO Meb...
EXECUTE THE CEN...
FAGE A SHOULD BE PO...
TO FUNERAL DIRECTOR: P.
AFTER DEATH, WITH THE ST...
ALTIMORE, MARTAND, 2) 220 I certify that I took charge of the remains described above, held on and in my apinion Accident death resulted from: Suicide Hamicide Undetermined manner TITLE (SPECIFY) DAMILENGE 31,979 SIGNATURE MEDICAL EXAMINER John S. Rogers, M.D. 1919 Seminary Rd., Silver Spring, Md 230 BURIAL, CREMATION, REMOVAL 236 Burial Arlington National Cemetery BP 250. DATE REC'D. BY REGISTRAR 24. FUNERAL DIRECTOR JOSEPH GAWLER'S SONS INC. **DHMH-17** (VR A15 ME (5)) 5130 WISC. AVE. N. W. WASH. D. C. 28648 15M 7/76

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## STATE OF MARYLAND

	1.	FOR - STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG	IENE REG N	. 79 -	072	11
		E OR PRINT)	FIRST		MDDLE	ı	AST	20 DATE OF DEATH	MONTH DAY	YEAR	76 HOUR
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	3 SE		4 R	ACE		5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
		Female			nite	Aug.	29 1909	69	YRS		
0	C	North Carol	ina	U.	S.A.	WIDOWE		9 BALTIMORE CITY O	mery	FDEATH	MD.
9		Olney		(IF NOT IN SUCH	MOSPITAL, NURSII FACILITY, GIVE STREET METY GO	ADDRESS)	OR OTHER INSTITUTION	174 USUAL OCCUPAT {TYPEOF WORK FOR MOST OF OMEMBACE1	OF WORKING LIFE)	INDUSTRY	F BUSINESS OR Home
3	USU 13a. :	AL RESIDENCE (IF NURSING STATE Md.	M COUNTY Ontgo	mery	GIVE RESIDENCE BEFOR 13 CITY OR TOV Sandy S		13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS 17340 Que	cker L	ane	
-	14 F	ATHER'S NAME FIRST	MIDDI		N LAST		15. MOTHER'S MAIDEN NA/	ME MIDDLE		Smit 45	hdeal
) U	160 \	Charles WAS DECEASED EVER IN	Jeffe		166 SOCIAL SECT		Maude 17 INFORMANT	ADDRI	555	DISE C	
	(		IF YES, GIVE WAR		578-07-8		Ann Davis, D	tr., 3801 0	onn. A	ve., N	D.C. W. Wash
		18 CAUSE OF DEATH PART I. DEATH WAS	S CAUSED BY	1	ne la (a), (b), ar	nd ic	4/90%	Amall	but	3	HIST AND DEATH
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		gove rise to immer couse (a), stating underlying couse	diote	DUE TO, OR	Color	ENCE CO	12 whilest	Draeme		V	w
	N N	PART 2. OF THE ONLY	Rate	утюнь со	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART	
	CERTIFICATION	19a DATE OF OPERATIO	ON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, V IN CERTIFYIN	VERE FINDIN	OF DEATH?
		21a. ACCIDENT WAS UNDER	USE OF DEATH		M. MONTH D		21c, HOW INJURY OCCURR		120 [	1 OR PART 2)	КОЦ
	MEDICAL	(IF EITHER, NOTIFY MEDICAL I 21d. INJURY OCCURRED WHILE NOT WHILE	D	P.A 21e PLACE C (AT HOME, STRE		FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN .	COUNTY	STATE
		22a.1 certify that (I) (the saw the deceased	his hospital)	of unded the	deceased from	MA	nd that in (my) (our) opinion of	_ to_ 3//	5, 19.	,	that (I) (e) last
		obove, (I) (was the	M	he body.	ofter deoth.		DEGREE			27L DATES	SISNIPP CO
		22d. PHYSICIAN'S NAM	VE (TABE	Til	bu.	1	PHYSICIAN 3	MEDICAL STA	IAN 🗆	201	832/7
1		Dr. Cha		Ligo			18111 Prin		Dr.,	Olne	y, Má.
	(	BURIAL, CREMATION, RE	n 3	16/19	979 C	dar H	EMETERY OR CREMATORY ill Crematory		ntwood;		
	24 F	UNERAL DIRECTOR JOS	EPH G	WLER'	S SONS	INC.	25a, DATI	AR 20 1979	25b. REGISTRA	S SIGNAL	Cready

\$125 WISC. AVE. N. W. WESH. D. C. 23916

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## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME MIDGLE 20. DATE OF DEATH TYPE OR PRINTI Mary DeLacev 3. SEX 4 RACE 5. DATE OF BIRTH MONTH 25 DAY 1890 Female Cauc. Aug. 88 To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Pennsylvania U.S.A. WIDOWEDA DIVORCED T 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Bethesda Suburban Hospital DIVISION OF VITAL RECORDS, 29J W. PRESTON ST., BALTIMORE, MARYLAND 2120

Pollen

23b. DATE

3 - 9 - 79

24 FUNERAL DIRECTOR ROBert A. Pumphrey Funeral

NAME Homes, P.A., Bethesda, Maryland

6. AGE (IN YEARS LAST BIRTHDAY) DAYS 9. BALTIMORE CITY OR COUNTY OF DEATH Montgomery 120. USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Home USUAL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Montg. Be thes da 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland 10500 Montrose Ave. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Peter Munley Ellen Farrel] ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR GATES) Mary E. Hennigan (Same as 13e) No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY HEART RTERIOSCLE ROTIC DISEASE Tears DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? INSERT NEW CARDIAG NO NO I 216. TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an above, (I) (we) I did not) view the body ofter de and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22t. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Richard H.

23c. NAME OF CEMETERY OR CREMATORY

Gate of Heaven Cem.

79-07213

Connecticut Ave. Kensington, Md.

Md.

Silver Spring,

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

CERTIFICATION

MEDICAL

23g, BURIAL, CREMATION, REMOVAL

Burial

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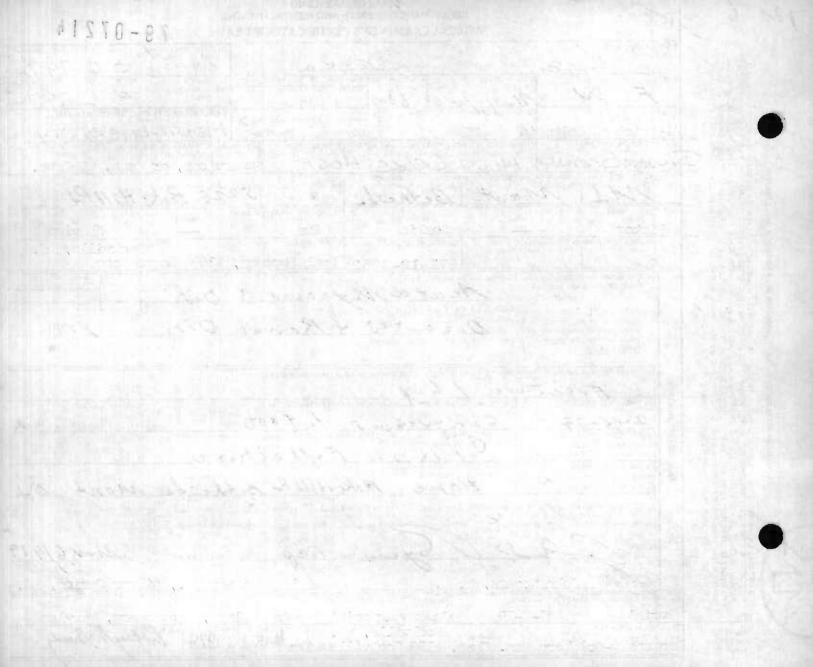
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/			REGISTRAR	ME	DICAL EXAMINER	'S CERTIFICATE C	OF DEATH	REG. So U	[ [ 4
			CEASED NAME FIRS	15	MIDDLE	LAST	2a. DATE KN	HTHOM MONTH	DAY YEAR 26. HOUR
	w / John	{146	KOSE KOSE		(1)	EKKIN)	OF E	STI-	1 .70 70
	X0 = 2 =	3. SEX		5. DATE OF BIRTH	6. AGE (IN YEARS	IF UNDER 1 YR. IF UNDER		HTMOM	DAY YEAR 2d HOUR
	2 3 5 ± 2 C		F 11)	MONTH DAY	YEAR LAST BIRTHDAY)	MONTHS DAYS HOURS	MIN. PRONOUNCE		1 -07
	O SO		1 00	May	14/18 60 YRS.		DEAD	9	6- 19/9 7AM
	2000 300 7	7a. BI	RTHPLACE (STATE OR REIGN COUNTRY)	7b. CITIZEN OF WI	HAT COUNTRY? 8.	MARRIED NEVER MARR	IED 9. BALTIMOR	E CITY OR COUNT	Y OF DEATH
	曹雪阳多春		trict of Colu	umbia US	SA w	DOWED DIVORC	ED O MON	TGOME	ey Gry MD
	The same of the sa	10. C1	TY OR TOWN OF DEATH		PITAL, NURSING HOME, O	ROTHER INSTITUTION	12a. USUAL OCCUPAT		12b. KIND OF BUSINESS
	<b>美国爱斯州</b>	3,2	VERSPEID	2 LINSUCH FA	CILITY, GIVE STREET ADDRESS)	HOSP	FOR MOST OF WORKING Supervisor	Mar Dont	OR INDUSTRY US Govt.
	DELL 3 TO IN P NDS,	USUA	L RESIDENCE (IF IN NURSING H	OME OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMISSION)	7.007	puper visor,	war bept	. OS GOVE.
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212	L IC		104	rucout	Bethesa	YES NO	-0	00Ks 111	1/16
MD. 2120	- A S S S	14. FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDI	EN NAME MIDDE	LE	LAST
Α,	P KND P P	V	ictor		Deskin	Eva			Shapiro
BALTIMORE,	DURS AFTER DEATH  B. GIVE PAGES 1, WITH FORM PM T. PAGES 1 AND DIVISION OF VIT	16a. V	AS DECEASED EVER IN U.S		166. SOCIAL SECURITY N	D. 17 INFORMANT		ADDRESS Docks	ville, Md.
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ST.,	18. 18. C. V.T.		18. CAUSE OF DEATH (Enter PART I DEATH WAS CA	USED BY:	4		w a.		BETWEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS,	ATH ATH	z		4	JOHN THE TO THE TERMINAL	DISCASE OF COMPILION GIVEN IN LY	KI I (0).		
S S	m 7 3 4 7 5	CERTIFICATION	19g. DATE OF OPERATION	cture	1.9				
1 8		S		196. CONDI	TION FOR WHICH OPERATI	ON WAS PERFORMED?	.1		2B. AUTOPSY?
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	EXAMINER: THIS CER CERTIFICATE, WRITING DUID BE FORWARDED. DRECTOR: PAGE 3 S. J. WITH THE STATE DEP WARYLAND, 21201 PRIO		22a. I cer	tify that I taak charg	e of the remains de	scribed aba	ive, held an	Autaps	, [].	Inspectio	an .	Inquiry	XX, and	in my api	nion	
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	TO MEDICAL E EXECUTE THE C PAGE SHOU PAGE SHOU PAGE DEATH, P BALTIMORE, MA	23 a. B	URIAL, CREM	ATION, REMOVAL	23b. DATE	23c. h	NAME OF CEN	ETERY OF	CREMAT	ORY	23d. LO	CATION		COUN	TY	STATE
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH 1. DECEASED NAME (TYPE OR PRINT) 3/10/79 Joseph Robert Dinsmore 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 2 OAYS 17 AR HOURS male 61 Cauc. 70. BIRTHPLACE ISTATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY U.S.A. Indiana Montgomery County DIVORCED | WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Security Guard INDUSTRY Sears Bethesda Suburban Hospital MARYLAND 21201 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
30 STATE 136 COUNTY 136 CITY OR TOWN 13a STATE 136 CITY OR TOWN DISIDE SILVER Springes X 13d INSIDE CITY LIMITS? 12509 Barbara Road Montg. Maryland 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME WMIDDLE MIDDLE Dinsmore Carrie All'en Leon ADDRESS 16b. SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (ILYES GIVE WAR OR DATES) 18-10-1770 Christine W. Dinsmore (Same as 13e) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 **IFICATION** 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIX NO I YES [ 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 5 MEDICAL ( IF EITHER, NOTIFY MEDICAL EXAMINER) NOISIAI 21d INTURY OCCURRED 71e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from 19 7 a , and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on. obove, (1) (we) (did) (did not) view the body ofter death 22h, SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN + be deta FUNERAL I MPORTANT: TAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23( NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23H DATE 23d. LOCATION ITY OR TOWN COUNTY SPECIBURIAL 3 - 15 - 79Bloomington. Rose Hill Cem. Inda. Homes, P.A., Bethesda, Maryland 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNARURE DHMH - 16 50M 7/77 (VR A 15 (4))

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME OF ESTI-DEATH MATED 2a. DATE (TYPE OR PRINT) Josep GRACE 4. RACE 5. DATE OF BIRTH AGE (IN YEARS | IF LINDER 3 SEX IF UNDER 24 HRS 20. DATE LAST BIRTHDAY PRONOUNCE 1 4 YRS 8 ug. 16, DEAD -64 7a BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY WASHINGTON U.S.A. DIVORCED D WIDOWED 120 USUAL OCCUPATION (TYPE OF WORK ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY STUDENT SHOULD BE F RETAIN USUAL RESIDENCE (IF IN NORSING HOME OR OTHER INSTITUTION. RESIDENCY BEFORE ADMISSION 130 STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE ERRIGO GTOVANNA DEAN 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES FATHER SAME AS 13 DEAN P. ERRIGO NO 219-84-6957 CAUSE OF DEATH (Enter only one couse per line for (o), (b) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate DUE TO. OR AS A CONSEQUENCE OF couse (a) stating the underlying couse lost. PART 2 OTHER SIGNLEICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF PRIOR TO BURIAL, C NO R 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 PRIOR 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE WHILE AT WORK CITY OR TOWN COUNTY STATE 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinian death resulted from: Natural couses Homicide Accident. Suicide Undetermined manner TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V BALTIMORE, MA DATE 1 = VOL 27/979 EXAMINER'S NAME 1919 SEMINARY ROAD, SILVER SPRING, MD. JOHN S. ROGERS (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. 236. NAME OF CEMETERY OR CREMATORY 3/30/79 BURIAL SPRING MONT. GATE OF HEAVEN BP. FRANCIS J. COLLINS **DHMH - 17** (VR A15 ME (5)) 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901 15M 7/77

STATE OF MARYLAND

DEAN P. ERRICO SAULAS IS FAMED

TRICE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	7 9	-07	224
I. DE	CEASED NAME	FIRST	· ·	MIODIE	- 1	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
,,,,,	CON PRINTIP	Patr	rick	Joseph	Fa	asano	March 1	9, 197	9	7:25 PM
3. SE	Х	4	RACE		5. DATE C	J DAY YEAR	6 AGE (IN YEARS LAST BI		UNGER 1 YEAR	
	Male		Whit	е	Octo	ber 20, 19	2 66		VIAS	ACORS MIN
	IRTHPLACE (STATE OR FO	DREIGN 7	CITIZEN OF	WHAT COUNTRY?	8. MARRIE	DE NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY O	FDEATH	
	New York				WIDOWE	D DIVORCED	Montogo			MD.
	ity or town of DEA Bethesda		Clini	cal Cent	ter,	NIH, Beth,	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST MD Restat	OF WORKING LIFE)	NDUSTRY OWNE	
USU 13a	AL RESIDENCE (IF NURS STATE Texas	136 COUNT Bexa	THER INSTITUTION, Y  2.	San Ant	admission) Conic	13d INSIDE CITY LIMITS?  YES X NO	13e STREET ADDRESS 6234 Fli	7823 nt Roc	4 k Dr	ive
14. F/	ATHER'S NAME	MI	DDLE	LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE			AST
	John	S		asano		Emma	-		acomo	5
(	WAS DECEASED EVER YES, NO OR UNKNOWN) Yes		ED FORCES? VAR OR DATES!	135-0		7 Same ad	nces Fas			
	18 CAUSE OF DEAT	H (Enter only	one couse per	line for (a), (b), one	l (CL)				APPRO	XIMATE INTERVAL
	PART I. DEATH W	AS CAUSED		(androp	ulm	enery arre	1			
	1579			R AS A CONSEQUE		,	7:		7	1.
7	Conditions, if any, gave rise to imm	nediote	(b)	COPIRA	1100	y broning	mica.		6	cray s.
	couse (a), statin underlying cause		DUE TO, OI	Pan Cal		(m censon			Di	utit I mi
7	PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS CO			NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	(a)
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CERTIFICATION	19a DATE OF OPERA	IION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES	NG CAUSE	S OF DEATH?
CER	21a. ACCIDENT WAS UND	DERLYING	21b. TIME O			21c. HOW INJURY OCCUR	-	1	A .	
	OR CONTRIBUTING (		HOUR A.	M. MONTH DA	Y YEAR					
MEDICAL	21d. INJURY OCCURE		21e PLACE	OF INJURY		211. LOCATION	CITY OR TO	lam.	COUNTY	STATE
2	WHILE NOT WE AT WO	HILE C	(AI HOME, SIN	EET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET	CITORTO	WIN	CODIALI	STATE
	220.1 certify that	(this hospito	l) ottended the	e deceosed from <b>I</b>	ebru	lary 26 19 79	to March	19 , 19	79	, that 🌘 (we) last
	saw, the decease above. (we) (c	ed alive an_	March	19 19 7	79_, ar	nd that in 👝) (aur) apinian (	death occurred an the o	late and hour o		
	226. SIGNATURE	1111	1/1/	1.1111		DEGREE			22c. DATE	E SIGNED
	XIV	Mo	NVI	MU 2	22		MEDICAL STA	CIAN	51	20/1/
	22d PHYSICIAN'S NA	AME (TYPE OR I	PRINT)	11/000	1)	22e ADDRESS Natio	nal Inst	itutes	of I	Health
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23a.	BURIAL, CREMATION,		23b. DATE	,		EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	cc	UNTY	STATE
	Burial		3/23	/79 Ht.	Sam	Houston Nat	.San Anto	nior :	Rex	ar Texa
24. F	UNERAL DIRECTOR	-	13.3	ADDRESS	1	25a. DAT	REC'D. BY REGISTRAF	256. REGISTRA	R'S SIGNA	HE Breedy
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W.W. Chambers Co. Silver Spring

BP. DHMH - 16 50M7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the tunned is should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

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IMPORTANT: If Item 21 is marked or Item 18 shows any

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APPLICATION OF THE PLANT

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-07226 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE 2n DATE OF DEATH I. DECEASED NAME FIRS1 2b. HOUR (TYPE OR PRINT) 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR 6. AGE (IN YEARS LAST BIRTHDAY) MONTH HOURS Male Caucasian 1919 18 Sept. TO BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COLINTRY USA New York DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS W. PRESTON ST., BALTIMOBE, MARYLAND 21201 Self Employed USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Attorney 13a STATE 1138 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 9206 Cedarcrest Drive Bethesda Marvland YES THE Montgamery NO 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME N MIDDLE LAST FIRST MIDDLE Feld (Unknown) Hyman Mary ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT TYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 069-16-3557 Alan Feld. 7207 Summit Ave., Chevy Chase.Md. Yes WWI] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for, (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO OR AS A CONSEQUENCE OF terioloscherotic Cardiovascular disense Conditions, if any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost marction with Puce since 19102 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED ā IN CERTIFYING CAUSES OF DEATH? YES [ 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M nd Me 20 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK MENY 220.1 certify that (1) (this hospital) extended the deceased from. Sam saw the deceased alive on deb. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave, (1) (welltaid) (did not) view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED 4 ATTENDING MEDICAL STAFF FUNERAL I DIRECTOR PHYSICIAN MPORTANT PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS reto 23a BURIAL CREMATION REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE (SPECIFY) 3-7-79 BP King David Mem. Gdn Falls Church, Virginia Burial 24 FUNERAL DIRECTOR 250 DATE R DHMH - 16 50M 7/77 ADDREROCKVIlle, Md. (VR A 15 (4)) Danzansky-Goldberg Mem. Chap. 1170 Rockville Pike

9-07226 Control of the South State 192

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-07227

	REGISTRAR		***************************************	ICATE OF DEATH	REG. NO	).		. 41
1	1. DECEASED NAME FIRST (TYPE OR PRINT) Megan	Marie		RREE	March 5	ONTH DAY	979	26 HOUR 9:55P
3	Female	Caucasian	S. DATE C	OAY YEAR	6 AGE (IN YEARS LAST BIRTH	MON	NDER I YEAR	IF UNDER 24 HRS HOURS MIN
36	70 BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT CO	UNTRY? 8 MARRIE WIDOWE	D NEVER MARRIED (X)	9 BALTIMORE CITY OF Montgomery	COUNTY OF	DEATH	MD.
27	10 CITY OR TOWN OF DEATH  Bethesda	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G	NURSING HOME C	OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	N	12b. KIND O INDUSTRY	F BUSINESS OR
free land	USUAL RESIDENCE (IF NURSING HOME 130 STATE TO AND AND		ORTOWN	130 INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 2971-D STU	iart Lo	ор	
20			LFE	Diane	M.		ERREɰ	
2	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? VE WAR OR OATES)	A SECURITY NO.	Diane M. Feri	ree See ite			MATE INTERVAL
	Conditions, if ony, which gave rise to immediate cause 101, stating the underlying cause last	DUE TO, OR AS A CO	INSEQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ition given	IN PART 10	5)
1	Trisoning 21 (1) 190 DATE OF OPERATION 210, ACCIOENT WAS UNDERLYING	196. CONDITION FOR			200 AUTOPSY?  YES ★ NO□	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
/	OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED	LAT HOME STREET FACTORY OF		211. HOW INJURY OCCURR 211 LOCATION STREET	ED (ENTER NATURE OF INJURY		ART I OR PART 2)  COUNTY STATE	
	White Norwhite ATWORK ATWORK 20. I certify that fit (this hospital) attended the deceosed from Feb. 26. 19.79. to Mar. 5. 1 saw the deceased olive on Mar. 5. 19.79. and that in (thy) (our) opinion death occurred on the date and hour above fit (we) (did) (fit of the view the bady after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN X							that/I/(we) lost causes stated SIGNED
1	Wendy C. Aul-			22e ADDRESS National Nava	al Medical (	Center,	Beth	esda,Md.
	230. BURIAL, CREMATION, REMOVA (SPECIFY) (SPEC	3/9/79		seph's Cem.	corydon,	Indi		STATE

ADDRESS

Bethesda

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Robt. A. Pumphrey Funeral

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STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME MIDDLE LAST 2a DATE OF DEATH MONTH 7h HOUR TYPE OF PRINTS Blanche Fischer Faue. 3. SEX 4 RACE 5 DATE OF BIRTH AGE TIN YEARS LAST BIRTHDAYS IF UNDER I YEAR IF UNDER 24 HRS MONTH VEAR DAYS HOURS hemale. white 1900 Doc 78 ō To BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Towa WIDOWED Montgomery DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12s USUAL OCCUPATION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Kensington Kensington Gardens Nursing Home Beautician USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 134 INSIDE CITY LIMITS? 13a STREET ADDRESS Maryland Silver Spring Montgomery 10606 Dunkirk Drive NO F 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Charles Thomas Johnson Anna ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT daughter IYES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 479-22-1416 Charlean A. Pagliai No same as 13e 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate 101, stating DUE TO OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20a AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21r PLACE OF INJURY 21f LOCATION ă (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 220 I certify that (I) (this haspital) attended the deceased from sow the deceased alive on how a sobove. (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d, PHYSICIAN'S NAME (TYPE OR PRINT) 22R ADDRESS th the 0 0 23a BURIAL CREMATION, REMOVAL 73b DATE 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION Burial CITY OF TOWN COUNTY STATE Resthauen Cemetony Des Moines Polk Towa 24 FUNERAL DIRECTOR Francis J. Collingoness DHMH-16 20M (VRA 15, 4) 7/7B 500 University Blvd. W. Silver

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH ANCRS 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH Feb. 16 1910 BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED California U.S.A. DIVORCED | Montgomery WIDOWED 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Silver Spring Holy Cress Hespital DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a STATE 13b COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 18905 Muneaster Rd. Montgomery Md. Derweed H FATHER'S NAME 15. MOTHER'S MAIDEN NAME Smedley Be 11 Bradley Herbert Harriette Frank WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 303 W. Prentiss Ave., I (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 510-14-0623 Phyllis F. Webb Graenville, S. C.20605 SETWERNESSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line tolia), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2. OTHER SIGNIFICANT FONDITIONS NO. CONDITION FORWHICH OFFRATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO I Hyr Hyr 18 shq 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER, NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE . (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE 220.1 certify that (II (the dedired from . TOR and that in (my) four pinion death occurred on the date and hour and from the causes stated DIRECT 226. SIGNATU DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN uld be det h the Stote ORTANT: 22d PHYSICIAN STERME THE DESERVE 22e ADDRESS 50 W. Edmonston Dr., Rockville, Md. Barton J. Gershen, M.D. 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Rockville Md. Montgomery Parklawn Cemetery BP 250. DATE REC'D. BY REGISTRAR 256 BIGISTRAR'S SCHOURE 316. E. Diamond Ave.. DHMH - 16 50M 7/77 (VRA 15 (4)) Gartner-Sandison F.H. Gaithersburg. Md.

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2s DATE OF DEATH MONTH 5. DATE OF BIRTH AGE LIN YEARS LAST BIRTHOAY MONTH 1901 AUGUST 71 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED

REGISTRAR DECEASED NAME TYPE OF PRINT 3 SEX 4 RACE IF UNDER 1 YEAR FUNDER 24 HRS HOURS FEMALE BLACK In BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? Virginia U. S. A. WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Takoma Washington Adventist Funeral Dir none USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION MD. 13h COUNTY Silver 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS Mont. 1402 North Crest Drive 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Walter Tapscott Delilah Logan 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I IN YES, GIVE WAR OR OATES) no 578-09-7193 Juanetta Curl 1402 North none Crest APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stating underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 1 CERTIFICATION 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20% IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NOL YES T NO [ 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY NOT WHILE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE 220.1 certify that (1) (this haspital) attended the deceased from_ saw the deceased alive of above, (I) (A) (did not) we the bodylatter death 19.79 and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c. DATE-SIGNED ATTENDING A MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN TO PHISILIAN S NAME (TYPE OR PRINT) 220 ADDRESS 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23b. DATE STATE

DHMH-16 20M (VRA 15, 4) 7/78 24 FUNERAL DIRECTOR 3831 Georgia Ave. Latney's

Burial

Suitland,

Maryland

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2g. DATE OF DEATH TYPE OR PRINT 1979 FOSSEN March Marquerite Josephine 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Jan. 10 CAYS 1904 Caucasian Female TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED XNEVER MARRIED COUNTRY New York USA Montgomery WIDOWED IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) Home National Naval Medical Center Bethesda DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, 130. STATE 136 COUNTY 13d INSIDE CITY LIMITS? 130 STREET ADDRESS 107 Village Lane Winter Park Orange Florida YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Joseph Bel Adelaide Messick 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS I (IF YES, GIVE WAR OR DATES) George Fossen, same as #13 26 6085 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY cell carcinoma with liver metastases oat IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF perforated ulcer Conditions, if ony, which gave rise to immediate cause (a), stoting DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION ony 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIX YES [ NO [ 71n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK March 220. I certify that (IV this haspital) attended the deceased fram March sow the deceosed alive an March 21 object (we) (did) (pid not) when the body after death. that in (my (aur) apinion death occurred an the date and hour and fram the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL Should be detowith the Stote March 21,1979 MPORTANT: DIRECTOR PHYSICIANXX 274 RHYSICIAN'S NAME (TYPE OR DEINT) 22e ADDRESS National Naval Medical Center, Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL Cremation 3/21/79 Alexandria, VA Metropolitan Crematory 250 DIATE REC'D. BY REGISTRAR 25b. REC'STRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4)) A. Pumphrey Funeral Home, Bethesda, Md.

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FOR **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN FOURNIEB (TYPE OR PRINT) ESTI-DEATH MATED 5 DATE OF BIRTH IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY) MONTHS YEAR PRONOUNCED 2038 40 YRS DEAD 70 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Michigan USA WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
Mechanic & Kin q 13a STAL 134 INSIDE CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE (unknown) Fournier Oscar 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 73-38-5964 Ruth S. Fournier-wife-(same as 13e) yes Korean 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR THE PLACE OF INJURY (AT HOME, If LOCATION TOST, FACTORY, PARM, ETC.) STREET NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Homicide X death resulted fram: Natural causes Undetermined manner TITLE (SPECIFY) DATE SIGNEY 2V. P. 1979 EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA MEDICAL EXAMINER Silver Spring, M d. John S. Rogers, DME ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY THE LOCATION 3 - 12 - 79Parklawn Cemetery Rockville Montgomery, Md. Burial BP 25a. DATE INCHETAY RECEITED THE REGISTRAL TO THE Pumphrey Inc. **DHMH - 17** (VR A15 ME (5)) S.S. Ave. 15M 7/77

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLE I. DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-ALBERTO SANTOS FOZ dos DEATH MATED 3. SEX 4 RACE IF UNDER 1 YR. 6. AGE (IN YEARS IF UNDER 24 HRS. 20. DATE YEAR LAST BIRTHDAY PRONOUNCED MALE White Sept.10 1918 1979 60 DEAD 7a. BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH Brazi MARRIED NEVER MARRIED Brazil Montgomery DIVORCED TO WIDOWED 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY LINES 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING (IFE) "5914CHEALTHONDINGES RD. BETHESDA Mont. Fund USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE Maryland COUNTY 3c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Montgomery Bethesda SAME AS NO. 11 NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Unknown Unknown Maria Augusta dos Santos OF 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS Gaithersburg, Md. 16h SOCIAL SECURITY NO. 17. INFORMANT PAGES (YES, NO. OR UNKNOWN) Unknown Homer Anderson, Friend. 19735 Greenside Ter WITH DIVIS CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Vaseular Disasse-Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. OR CREMATION. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) ED AS A CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL YES | 3 SHOULD BE DEPARTMENT 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) R: PAGE 3 SHOULD E STATE DEPARTME , 21201 PRIOR TO B HOUR A.M. MONTH DAY UNDERLYING OR YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 218. PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted fram: Suicide Homicide Undetermined manner DULD ACTUAL TER DEATH, SIGNATURE BALTIMORE, Old Georgetown Rd., Bethesda, Md. EXAMINER'S NAME John G Ball. M.D. TYPE OR PRINT AFT O 230 BURIAL, CREMATION REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Gate of Heaven Cemetery Silver Spring Burial 250 DATE RECID. BY MICHIGAR 251 REGISTRA 24. FUNERAL DIRECTOR **DHMH - 17** JOSEPH GAWLER'S SONS 513USSWISCONSIN AVE. (VR A15 ME (5)) 30M 7/73

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DHMH - 16 50M 7/77

(VR A 15 (4))

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-07240 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH 2b. HOUR I. DECEASED NAME (TYPE OR PRINT) VIAY 4. RACE IF UNDER 24 HRS 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) JE LINDER I VEAR July HOURS 21,1884 white female To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVERMARRIED New York Montgomery USA WIDOWED DIVORCED IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR Kensington Gardens Nur. Home (TYPE OF WORK FOR MOST OF WORKING LIFE) School Kensington SUAL RESIDENCE (IF NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY Univ. Hills 13d. INSIDE CITY LIMITS? 3302 Rutgers Maryland Pr. Geo's 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST ALICYCLE June Glovd Duren Van Orman ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT I (IF YES, GIVE WAR OR DATES) 080-09-0079 Doris Droz (daughter) same as above No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).
PART I. DEATH WAS CAUSED BY 20 /2 IMMEDIATE CAUSE (0 crosis Conditions, if any, which gave rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 28n AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that 4th (this beautal) attended the deceased from sow the deceased plive an above, (i) (we) (did) (did not) view the body after death and that in Tay) (aur) apinion death occurred on the date and hour and from the causes stated 226 SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHY ICION'S NAME (TYPE OR PRINT) 22e. ADDRESS mil 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE COUNTY Cremation Metropolitan Crematory Alexandria, Virginia 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Francis Gasch's Sons, PA, Hyattsville, Md. texton Mckeady

79-0724			
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FOR

Francis H. Barber

(VRA 15, 4) 7/78

yson Wheeler Funeral Home, Inc.

Rockville.

Maryland

Rockville Pike

FOR

- STATE

DHMH-16 20M

(VRA 15, 4) 7/7B

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

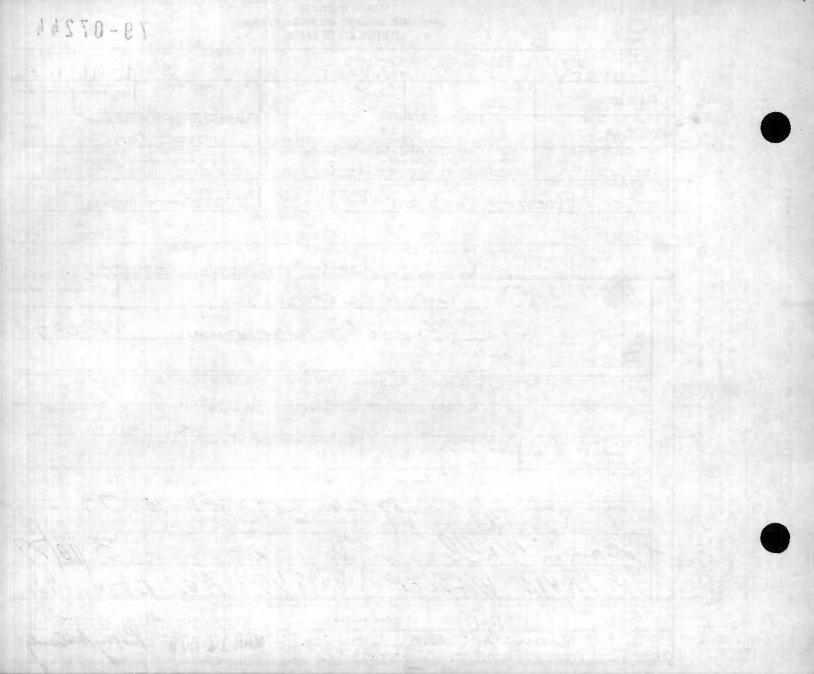
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DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires the outending physicion. Ifter this certificate has been signed by the outen plean os the buriol-transit permit. Then plean the not Mental Hygiene prior to buriol, and all Hygiene prior to buriol, and all the pure prior to buriol, and the province prior to buriol, and the prior to buri		z	PART OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE C		N IN PART 1(0)	sers
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DHMH - 16 50M 7/77		24. FU	NERAL DIRECTOR Robe	rt A. Pumph:	rev Fun		DATE RECOUNTREG		AR'S SIGNATUR	
(VR A 15 (4))			Homes, P	.A., Bethese	fa, Md.		- 11 11 2	10/0	1	- Crossy

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

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signed by the offending physicion and c hen please remove carbanpapers. Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remave carbanpaper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval. IMPORTANT: If them 21 is marked or tem 18 shaws any injury, or other traumatic event, th

may be

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	FOR - STATE		EALTH AND MENTAL HYG	IENE	70 07	217
L	REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO	. 19-01	241
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14	/:11:0 MIDDLE	LAST	FIRST	WIDDLE	D. I.E.	iT
16a V	WAS DECEASED EVER IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS	
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	OR CONTRIBUTING CAUSE OF DEATH HOUR A	M. MONTH DAY YEAR	THE WORK OCCORN	LED SENIER NATURE OF INJUR	TIN HEM TO, PART T OR PART 2	
MEDICAL		.M. 19 OF INJURY	211 LOCATION			
WE	WHILE NOT WHILE AT WORK AT WORK	REET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOW	'N COUNTY	STATE
	22a.1 certify that (I) (this hospital) attended the	ne deceased from Marka	1 19, 1979	to Marci	3/ 1979	that (I) (we) last
	saw the deceased olive an obove, (I) (we) (did) (did not) view the book	79/ 1979 or	nd that in (my) (aur) apinian a	death occurred on the do	ite and haur and Iram the	causes stated
	226 SIGNATURE		DEGREE	/	22c. DATE	SIGNED
1	Myron a.a	erepen	ATTENDING PHYSICIAN	MEDICAL STAF		1/79
	22d. PHYSICIAN'S NAME (TYPE OR PRINT)		22e. ADDRESS	72.4		20902
	MYRON L. L	ENKIN	2309 SHOPE	FIELD Rd	MOFURTH OF	,Md
	BURIAL, CREMATION, REMOVAL 236. DATE		EMETERY OR CREMATORY	23d. LOCATION	- SQUATY	STATE
	DOILLIA		MEMORIAL CEME		AND, MARYLAN	
24 F	UNERAL DIRECTOR JUHN T. RHIN	ADDRESS	0.00	REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNAT	
	3015 12th St	. N.E.	APH	75 13/9	perfry /KDO	usoly

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HOSPITAL

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND Item #8-Film #G629-mdf DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME FIRST MONTH (TYPE OR PRINT) OF ESTI-.0. GONZALEZ DEATH MATED ATILIO 19 6 AGE (IN YEARS IF UNDER 1 YR. 3. SEX 4. RACE IF UNDER 24 HRS. 2c. DATE 28 HOUS LAST BIRTHDAY PRONOUNCED DEAD Male White 1946 July 19 19 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Uraguay Uraguay DIVORCED -Montgomery County 120. USUAL OCCUPATION STYPE OF WORK 126. KIND OF BUSINESS 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) Student PM 3. RETAIN PA ND 2 SHOULD BE F VITAL RECORDS, 3 Suburban Hospital Bethesda None USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE SEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a. STATE 13b. COUNTY Montgomery Rockville 7325 Centennial Road Marvland YESX NO [ 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST ORM PM Gonzalez Uriarte Osmar Teresa MAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS Rockville TYPE NO OR LINKNOWN Roxanne Gonzalez 915 Lincoln St., none NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple visceral& skeletal injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, YES X 3 SHOULD BE DEPARTMENT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2:00 P.M. PRIOR TO MEDICAL driver in auto/fixed object impact TIE PLACE OF INJURY (AT HOME, 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) Rt. 270 at. Falls Rd. Rockville, Maryland WHILE AT WORK highway 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion DIRECTOR: NTO MEDICAL EXAMINER:
EXECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FOR
TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE
BALTIMORE, MARYLAND, 2 Accident X Undetermined manner death resulted fram: Natural causes Suicide TITLE (SPECIFY) 3/18/79 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Virginia L. Dolan, M. DADDRESS TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATOR 230. BURIAL, CREMATION, REMOVAL 236. DATE STATE Burial 3 - 20 - 79Gate of Heaven Cem. Silver Spring Md. Montg. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH** - 17 (VR A15 ME (5)) ROBERT A. PUMPHREY FUNERAL HOMES P/A 15M 7/76

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED DATE OF BIRTH & AGE (IN YEARS IF UNDER 24 HRS DATE MONTH YEAR LAST BIRTHDAY PRONOUNCED P -DEAD 11 23 4.5 YRS 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR NEVER MARRIED FOREIGN COUNTRY) New York USA LA KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Painter - U.S. Gov@.S.A. 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a. STATE 13b. COUNTY Rockville Maryland 118 Monroe Street Montgomery YES X NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Coleman Grandis (unknown) 17. INFORMANT ADDRESS Rockville, Md. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 095-16-7700 Yes WW II Florence Grandis, 118 Monroe Street APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY ++1ciency COTONZY IMMEDIATE CAUSE (a). DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which Vascular Disease Carolio gave rise to immediate cause (a) stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES DEPARTMENT O BE 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION 21d INJURY OCCURRED STREET STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK and in my apinian 229. I certify that I took charge of the remains described above, held an Autopsy death resulted fram Natural causes Hamicide Undetermined manner TITLE (SPECIFY) GE UTE THE C GE SHOU FUNERAL D TER DEATH, 2 DUT4 SIGNATURE EXAMINER'S NAME JOHN G. BALL, M.D. AFT AFT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 3-4-79 Norbeck Memorial Park Olney, Montgomery, Maryland RP 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Rockville, Md. **DHMH-17** (VR A15 ME (5)) Danzansky-Goldberg Chapels 1170 Rockville Pike 15M 7/76

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

MIDGLE

79-07251

2b HOUR

REG NO

MONTH

20. DATE OF DEATH

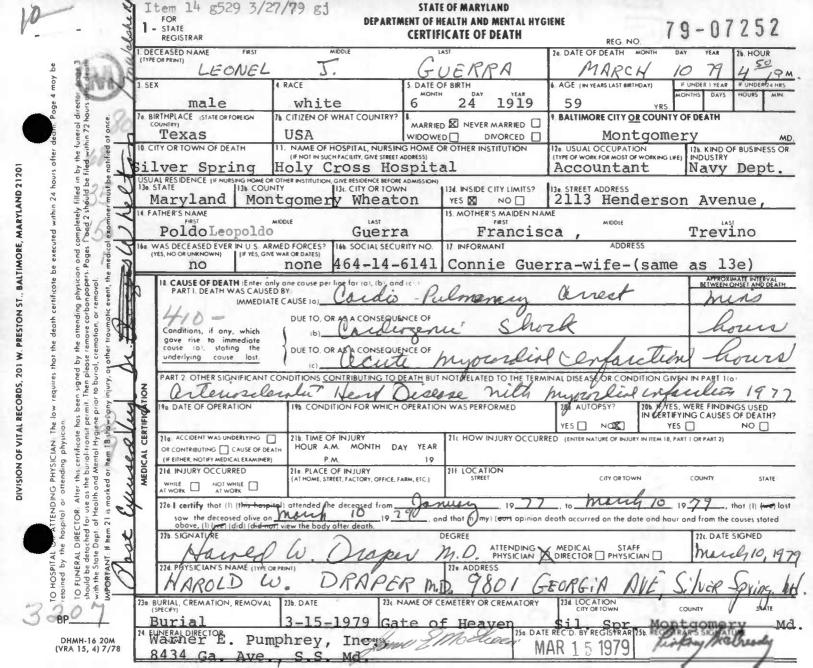
FOR

REGISTRAR

DECEASED NAME

- STATE

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		MARYLAND STATE DEPARTMENT OF HEALTH	
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	07050
		CERTIFICATE OF DEATH 79-	0/253
= -2=		CEASED-NAME First Middle Last 2a. DATE OF DEATH  you gr print) Dgy	2b. HOUR
after death. the funeral ages I and 2 s after death	,	HAM F FULL NIHICK 14	147910:35
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by the fur Pages 1		remare Hucks on NHY, 1919 59 YRS.	
haurs after by the fu Pages	7a.	BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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Tilled I	1D.	during most of working life even if retired	12b. KIND OF BUSINESS OR
4 5 5 3 9 C	1	DETRIES OF DETRIES OF HEATTH CATY WITH TESS	RESTAURANT
campletel avec carbo	13a	USUAL RESIDENCE (Where deceased lived, if institution, Residence before, ] [3c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	01
See am	udii	MC. Dryants Kan 13 GANTE	Ka
and camplet remave car	14.	ATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last
Se a		ErNEST Bradford Minnie Leadin	AN
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death e haspital ar attending physician.  his certificate has been signed by the attending physician and campletely filled in by the funeral stacked far use as the burial-transit permit. Then please remave carban papers Pages 1 and 20ppt. at Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death	160	WAS DECEASED EVER IN U.S. ARMED FORCES?  es, na al unknown) (If yes give war ar dates at service)  16b. SOCIAL SECURITY NO.  17. INFORMANT  Tentings (Sister) MC	LEAD VA.
phy sval		100 STANDON FIND CONTRACT CONTRACT	APPROXIMATE INTERVAL
eath certifi ending phy nit. Then I		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
eaff endi nit. ar r		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal Reputic failure	year.
affi affi an,		DUE TO, OR AS A CONSEQUENCE OF	
the the sit mat		Canditians, if any, which gave rise ta immediate cause (a), (b)	
tho by tran	П	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
equires that the d physician. signed by the att burial-transit perr burial, crematian,		lost. (c)	
OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by ge 3 shauld be detached far use as the burial-transled with the State Dept. af Health priar to burial, creating with the State Dept.		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
OR ATTENDING PHYSICIAN: The law rebe retained by the haspital ar attending DIRECTOR: After this certificate has been age 3 shauld be detached far use as the led with the State Dept. af Health priar to be	_ ≧	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Dg. AUTOPSY? 206. IF YES, WERE FINDINGS CONS	CIDEDED IN CEDITEVING
e la tend as b as as	S	CALIGES OF DEATHS	DIDERED IN CERTIFIING
SICIAN: The spital ar att spital ar att spital ar att spital ar att seed far use af Health p	CERTIFICATION	YES NO ☐ CROSSO O DEATH:  21a. ACCIDENT WAS UNDERLYING ☐ 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Iter	m 10 )
ANS al a icat far Hec		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year	11 10.)
SICI spirt errif ed af	MEDICAL	(If either, natify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Town	Caunty State
G PHYSIC the haspi this certi detached	1	21d. INJURY OCCURRED While Nat while at wark  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)  21f. LOCATION Street at R.F.D. Na. City at Tawn OFFICE BUILDING, ETC.	cutiny
<b>DING PHYS</b> by the has After this ce be detache State Dept.		at wark at wark 122a, 1 certify that (1) (this hospital) attended the deceased fram 6/38/7.8, 19, ta 3/14/79, 19	, that (I) (we) la
DIN Afte be Sto		22a. I certify that (I) (this hospital) attended the deceased fram 6/38/7\$, 19, , ta 3/14/79, 19 sow the deceased alive on 3/14/79 19, and that in (my) (our) opinion death occurred an the date	and hour ond from th
ATTENDING etained by th CTOR: After I shauld be d		couses stoted above, (1) (we) (did) (did not) view the body after death.	
A B Di Sei		22b. SIGNATURE 22c. DA1	TE SIGNED
OR be red weed w		DEGREE PHYS. DIRECTOR PHYS. J	15779
		22d. PHYSICIAN'S NAME (Type) OS OTH LEKALUL, MD 7425 ARLINGTON RD, B	ettis la lug
TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	-	SZO/A CENTOUS, MY 1423 ACTIONS	
HO Age	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)
5 5 5 p		CHEMOVAL (Specify) 3-15-79 METropolitan Crematory Herandria	THATUDE A
VR A15 (4)	24.	EUNERAL DIRECTOR ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AREGISTRAR'S AND ADDRESS AND	ARCASTORA
25m-1/70	$\perp \!\! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! $	CONSTON TUNEIAL Home Virginia BATE 1015	

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STATE OF MARYLAND

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73-07255 rely (ne treatment) for the contract of the co 

mpletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours ofter death

of once.

injury, or other troumotic event, th

## STATE OF MARYLAND

1 - STATE		DEPAR		ICATE OF DEAT		IENE		7.0	
REGISTRAR					200	REG.		(9-0/	256
I. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE		LAST		20. DATE OF DEATH		DAY YEAR	26 HOUR
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3. SEX	4 RACE		5. DATE C		EAR .	6 AGE (IN YEARS LAST	HRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
MALE	CAUC	ASIAN	JAN	. 18 19	<b>D</b> 6	73		RS.	
TO BIRTHPLACE (STATE OR FO		F WHAT COUNTRY	? 8	D E NEVER MARRI	ED 🗆	9 BALTIMORE CITY	_		
MD	U.	S.A.	WIDOWE			Mentg	omer	У	MD.
Bethesda	(IF NOT IN	F HOSPITAL, NURS UCH FACILITY, GIVE STREE BURBAN HO	ET ADDRESS)	OR OTHER INSTITUTE	ON	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Maintenan	TOF WORKIN	NG LIFE) INDUSTRY	ed.Center
USUAL RESIDENCE (IF NURSI						I MALE OF MALE	00-03	L Cupus	04,001,001
	MONTGOMERY	GAI THER	WN	YES X NO		13e. STREET ADDRES 205 Dogwo	od Di	r.,Gaithe	rsburg,Me
1 FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIL	DEN NA	MIDDLE		LA:	ST
William	C.	Hardin	g	Mary	11-1	Elle	n	Howa	
60 WAS DECEASED EVER	IN U.S. ARMED FORCES			17 INFORMANT		ADE	RES 20	5 Degwood	Dr.,
No	-	213-10-	7817A	Ethel Sh	ifle	tt Harding	Ga	ithersbur	Md.
Conditions, if ony, gove rise to imm couse (o), stotim underlying couse	DUE TO, which (b); nediote g the DUE TO,	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OF A CON		structure 1	Pole TERM	wonay En	phy	GIVEN IN PART 1	years
190. DATE OF OPERAT	Hear	T Pac	H OPERATIO	Clue Z	v-4	200 AUTOPSY?  YES NO		FYES, WERE FINDING CAUSES YES	
	AUSE OF DEATH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR		OCCUR	RED (ENTER NATURE OF I	JURY IN ITEM	M 18, PART 1 OR PART 2)	
OR CONTRIBUTING CO	HILE (AT HOME	E OF INJURY STREET, FACTORY, OFFICE	E, FARM, ETC.)	21f LOCATION STREET		CITY OR	IOWN	COUNTY	STATE
22a.1 certify that (1)	(this baptish) offended	the deceased from 19.	ACI	nd that in (my)	75 opinion	deoth occurred on the	13 ₁ dote and		that (I) (wa) lost couses stated
Dober	H. Ma	on		DEGREE ATTEN PHYSI	DING ICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN [		SIGNED
Robert	C 11-	on		809 Vie	èrs	Mill Rd	.Ro	ckville.	Mc/2085

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal MPORTANT: If Item 21 is morked or Item 18 shows ony DHMH - 16 50M 7/77 (VR A 15 (4))

Burial

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

23b. DATE

23c NAME OF CEMETERY OR CREMATORY Berest Oak Cemetery

23d. LOCATION
CITYORTOWN
Gaithersburg

Mantg. Maryland

3165E. Diamend Ave. Gaithersburg, Md.

BY REGISTRAR 256 OF GISTRAR'S AGNITURE 1979

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-17757

3.16	100	REGISTRAR				CEKTIF	CATE OF DEATH		REG. NO.	1 3	01	
		CEASED NAME	FIRST	A	MIDDLE	L	AST	20 DATE	OF DEATH MO	NTH DA	AY YEAR	26 HOUR
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	3 SEX	X		4 RACE		5. DATE C		6. AGE (IN	YEARS LAST BIRTHD		ONTHS DAYS	IF UNDER 24 HRS
	]	Female		Cauc.		Jan	23 1893		86	YRS.		HOURS MIN
i d		RTHPLACE (STATE OR FO	REIGN	76 CITIZEN OF	WHAT COUNTRY	8.	NEVER MARRIED	9. BALTIM	ORE CITY OR	COUNTY	OF DEATH	
35		Maryland		U.S.	Α.	WIDOWE	2.0	1 11	lonta	0m	ery	MD
	10. CI	TY OR TOWN OF DEA	тн		HOSPITAL, NURS I		R OTHER INSTITUTION		L OCCUPATION			OF BUSINESS OR
68	5	ilverspri	29	Ho	ly Cro.	H 20	ospital		emaker	OKKING (II E)	Home	
2 6	13a S	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION.	130_CITY OR TOV	RE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREE	T ADDRESS			
30	Ma	aryland	Mont	g.	Rockv:		YES 🕅 NO 🗌	1133	10 Ro1	ling	Hous	e Rd.
	14. FA	THER'S NAME		AIDDLE	LAŞT		15. MOTHER'S MAIDEN NA	AME	WIDDLE		LAS	ST
151	V	latthew	, and		O'Brien	1	Elizabet	th			Stear	ns
1		VAS DECEASED EVER		MED FORCES? WAR OR DATES)	166. SOCIAL SEC		17. INFORMANT		ADDRESS	•		
E	-	Vo			578-24	-3545	Margaret H	Fo:	rd(Same	e as		
		18 CAUSE OF DEAT	H (Enter an	ly one cause per	line for (a), (b), g	nd (c).)	, ,	10	M-1547	7.417	BETWEEN	ONSET AND DEATH
		PART I. DEATH W		E CAUSE (a)	MULIOI	ve	reaso to	alle	re		3 w	recly
		4-280			R AS A CONSEOL	ENCE OF						
E		Canditions, if any,		(b)_			EN Species			17 10.00		
1		gave rise to imm		DUE TO O	R AS A CONSEOL	ENCE OF						
dip		underlying couse	last	(c)				104,370				
		PART 2. OTHER SIGN	NIFICANTO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEA	ASE OR CONDIT	ION GIVE	N IN PART 1	(0)
5	CERTIFICATION							77.45				
and	CA	190 DATE OF OPERAT	TION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AU			WERE FINDI	INGS USED S OF DEATH?
Office of the second	E							YES [	NON	YES		№ □
9	Ü	210. ACCIDENT WAS UND	_	110110 4	M. MONTH	AY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER	NATURE OF INJURY II	N ITEM 18, PA	RT 1 OR PART 2]	
E #	NA.	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC		Р.,		19						
i d	MEDIC	21d. INJURY OCCURE	RED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE	FARM FICT	21f. LOCATION STREET		CITY OR TOWN		COUNTY	STATE
N N	2	AT WORK AT WO	RK	(**************************************	all fractions, of fice.	771011, 2141						1-18/13
e s		22a.1 certify that (1)	(this beep			2-	18 1976	, to	3-7	1	979	that (I). (wa) last
7		sow the decease above, (1)	ed alive on		after death.	79_,01	nd that in (my) (autopinion	death accur	red on the date	and hour	and from the	causes stated
Hera		226. SIGNATU	1	201	1 1		DEGREE				22c. DATE	SIGNED
		water	W	2/10	8 hu	10	ATTENDING PHYSICIAN	MEDICA	R PHYSICIA	N	27 7	May 17
OKIAN		22d. PHYSICIAN'S NA	AME (TYPE O		0,	-10	22e. ADDRESS	7	- 0			· ··
5 /		WHUTER	E	- 600	ozh N	17	2304 SHOK	EFIE	20 RD	WHE	SATON	JMU
2		BURIAL CREMATION,	REMOVAL	23b. DATE	23ε.	NAME OF C	EMETERY OR CREMATORY	1224 10	CATION YORTOWN		COUNTY	STATE
	(	SPECIFBURIAL		7-29-	.70 C	ato o	f Hanyon Co	5	ilver	Snri	no	MA

Gate of Heaven

DHMH - 16 50M 7/77 (VR A 15 (4))

Homes, P.A., Bethesda, Md.

Silver Cem BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Spring

78-07257 But it is a second to be a second to the sec . The second of the state of the s MARKET STORY OF THE STORY OF TH and the state of the state of the state of and the second of the second o WAR FOR EL GOOD FRANT LOW FIELD A COMPANION AND THE TAIL IS NOT THE PARK THE STREET OF THE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED IF UNDER 1 YR. 3. SEX IF UNDER 24 HRS. 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED 9 BALTIMORE CITY MARRIED NEVER MARRIED DIVORCED WIDOWED WN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY 13a. STATE 14. FATHER'S NAME MIDDLE OKVIT OKVIT MARTHA ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVA CAUSE OF DEATH (Enter only one cause per line for (a) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19a DATE OF OPERATION 20. AUTOPSY? VARDED TO THE CHIE AGE 3 SHOULD BE USI ATE DEPARTMENT OF I YES [ 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection 22a. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inquiry Homicide ! Undetermined manner death resulted fram: Natural causes TITLE (SPECIFY) DAMA = x6/2/979 TYPE OR PRINT! ADDRESS **DHMH-17** (VR A15 ME (5)) 15M 7/76

MADELIE EL MONTE EL CONTRIBERCE DE BRUSH LE LA COP 9 - 0 7 2 5 8 The first series of the fi THE PARTY OF THE P TO THE PARTY TO SEE A DESCRIPTION OF THE PERSON OF THE PER TARAN ENGLATURE SERVICE SA PREMIUM TO COMMENTERS STORY

W. W. Chambers Co., Silver Spring, Md

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

6:50 IF UNDER 24 HRS IF UNDER 3 YEAR HOURS BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR Supervisor-Dept. of 195 Creekwood, Route #3 Gahr APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 Yr. 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X COUNTY STATE 22c. DATE SIGNED om. Suitland P. G. Maryland

79-07259

26 HOUR

REG. NO

DHMH - 16 50M 7/77 (VRA 15(4))

FOR

REGISTRAR

- STATE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 79-07260 CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2n DATE OF DEATH (TYPE OR PRINT) FREDA RUTH HAYMAN MARCH 1979 3. SEX 4 RACE & AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER 1 YEAR FEMALE. MONTH WHITE YEAR 1915 70 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PENNSYLVANIA USA WIDOWED DIVORCED T Montgomery I CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 20 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Silver Spring 8105 Eastern Avenue HOUSEWIFE Apt. C 413 130 STATE 13e STREET ADDRESS 13d INSIDE CITY LIMITS? MARYLAND MONTGOMERY SILVER SPRING 8105 EASTERN AVENUE APT. C413 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE SAM GREENBERGER JENNIE BAHM 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 170-14-1417 HARRY HAYMAN (SAME AS 13) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: TAILURE HOUR IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF 3 Conditions, if any, which BREAST CANCER YPS METASTATIC gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Mento! Hygi 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE AT WORK 22a. I certify that (I) (this haspital) attended the deceased from JULY MARCH sow the deceased alive on MARCH I above, (Live) (did) (did not) view the body after death. and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATURI DEGREE 27c DATE SIGNED MEDICAL STAFF
DIRECTOR PHYSICIAN should be deto with the Stote [ 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Linda Green. M. D. 2121 Pennsylvania Ave. N. W. Wash. D. C. 230 NAME OF CEMETERY COMPONENT AND THE 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE Farrell, Pennsylvania BURIAL MAR. 8. 1979 Temple Beth Israel 24 FUNERAL DIRECTOR DONALD M. STEIN HEBREW MEMORIAL F H 250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 (VR A 15 (4)) MAR 8 232 CARROLL ST. N.W. WASHINGTON, D. C.

MARKE THE STORY OF STREET

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-07261 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE LAST 20. DATE OF DEATH 1. DECEASED NAME (TYPE OR PRINT) HEAVEY 9:15 Am 30 1979 May March Anna 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE S DATE OF BIRTH IF UNDER 1 YEAR 3 SEX MONTH DAYS HOURS 1898 Female Caucasian Nov. 70. BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Missouri IISA WIDOWEDIX Montgomery DIVORCED [ IB CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 126 KIND OF BUSINESS OR ional Naval Medical TYPE OF WORK FOR MOST OF WORKING LIFE! National INDUSTRY Bethesda BALTIMORE, MARYLAND 21201 ould be 13e STREET ADDRESS Silver Spring 13d INSIDE CITY LIMITS? Montgomery Maryland 2908 Covington Road 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIGDLE FIRS1 McAllister Alice Hogan Francis John Mary ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT LYES, NO OR UNKNOWN] (IF YES, GIVE WAR OR DATES) LTC Thomas J Heavey Jr. USA (Ret.) See 226 46 9267T No APPROXIMATE INTERVAL pope 18 CAUSE OF DEATH Enter only one cause per line for (a), jb), and ( PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF PRELIMONIZE underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT DIVISION OF VITAL RECORDS, CERTIFICATION prior 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? per m 18 shows and Mental Hygiene NOX YES [ NO F 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 MEDIC/ 21f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE varen March 220.1 certify that (/) (this haspital) attended the deceased fram saw the deceased alive on March 30 abave, (1) (we) (did) (die got view the bady after death. 79 , and that in/(nty) (aur) apinian death accurred an the date and haur and from the causes stated 22c DATE SIGNED DEGREE 226. S GNA TO FUNERAL DIS should be detach with the State De ATTENDING MEDICAL STAFF Mar.30,1979 DIRECTOR PHYSICIANY PHYSICIAN MPORTANT: 22e ADDRESS hernow. M.D National Naval Medical Center, Bethesda, Md. 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION, REMOVAL Arlington Arlington Va. Arlington National Buria 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR SIGNATURE Arlington, Va. DHMH - 16 50M 1/76 3901 N. Fairfax Dripp MArlington Funeral Home (VRA 15(4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-07264

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HOURS

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

COUNTY STATE

THE DATE SIGNE

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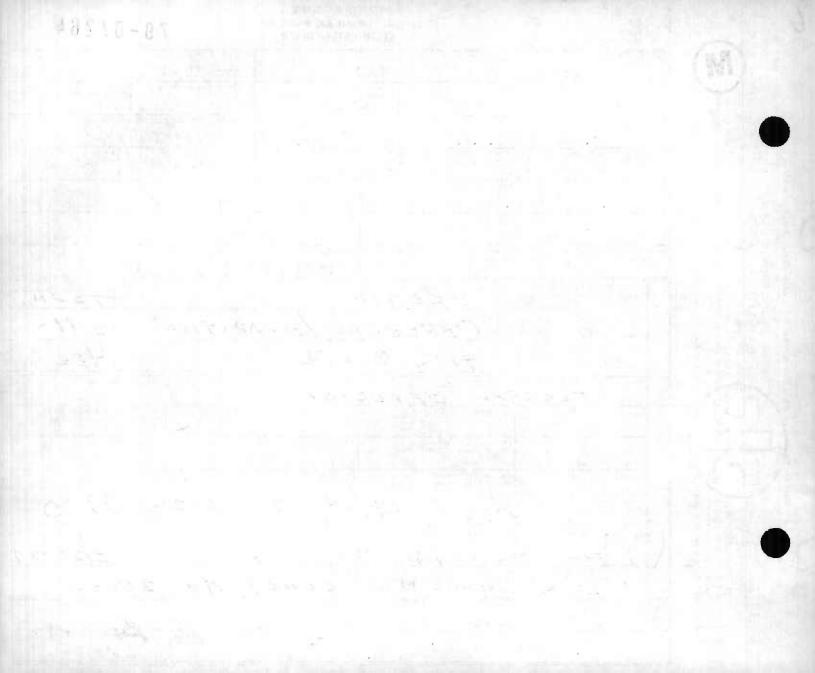
Sandy Spring Monta

Ash Memorial Cemetery Sandy Spring M. Washington St 250. Date Republication St 246 Nores Washington St. George R. Snowden Rockville, Md. 20850

Burial

3-24-79

DHMH - 16 50M 1/76 (VIII A 15 (4) )



BP______ DHMH - 16 50M 7/77 (VR A 15 (4)) FOR

STATE	OF	MARYLAND	
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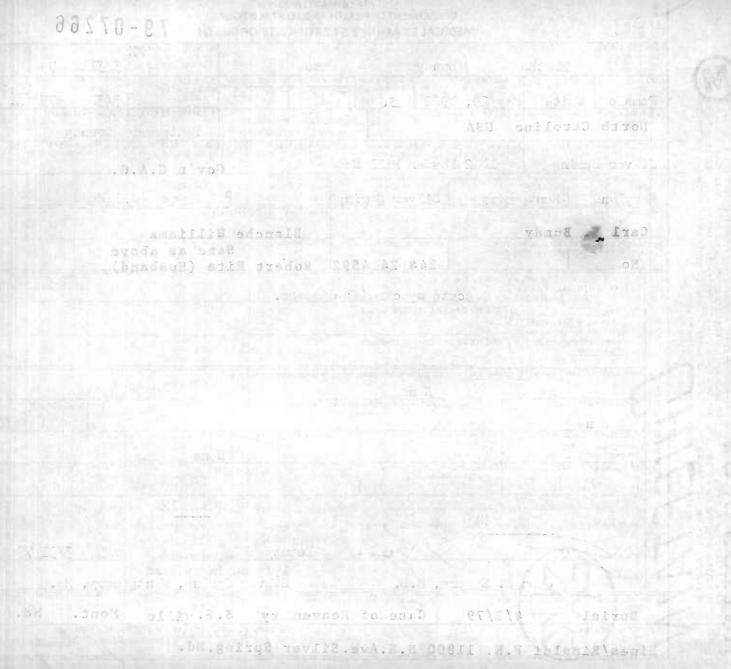
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-07265

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO			
	DECEASED NAME . FIRST	WIOOLE	ı	AST		MONIH DAY	YEAR	26 HOUR
	ALEJA			IOSTROZA	MARCH 22	, 1979		9:12Pm
3	SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTI	IDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
	MALE	WHITE	APRI	7 1000	12	YRS.		
7/ 70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	2 12 11 11 2	D NEVER MARRIED	9 BALTIMORE CITY O	COUNTY OF	DEATH	
6 5	Santiago	Chile	WIDOWE		MONTGOME	DV COL	INTV	MD.
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	12ª USUAL OCCUPATIO	N	126. KIND O	F BUSINESS OR
10	BETHESDA	CLINICAL C	FNTFR	NTH	Student	WORKING LIFE)	Scho	207
US	SUAL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE AOMISSION)			111111111111111111111111111111111111111	DOM	301
16	CHILE 136 COU	SANTIA		13d. INSIDE CITY LIMITS?	3323 MAR	CHANT	PERF	TDA
14.	FATHER'S NAME		CO	15. MOTHER'S MAIDEN NAM	ME	-THIII	PERE	1KA
00	Mario	Minostroz.	2	Alicia	MIODLE	uerra	LAS	iT.
160	WAS DECEASED EVER IN U.S. AI			17 INFORMANT	ADDRE	SS .		
3	NO (18 YES, GIVEN NO	ve war or dates) N/A		MR. MARIO	HINOSTROZ	SAM	HER	
100	18 CAUSE OF DEATH (Enter o	nly one couse per line for (o), (b), o	ind (c)				BETWEEN	MATE INTERVAL ONSET AND DEATH
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2	2050	DUE TO, OR AS A CONSEQU				4940		
	Conditions, if ony, which			elocytic Lev	ıkemia		Mo	onths
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU					100	1 7 7
841	underlying couse lost	DOE TO, OR AS A CONSECU	OEIACE OI					
9	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	ITION GIVEN	IN PART 10	01
Z	Ponal Faile	re Congestive	Hear	rt Failure,	Pulm. Ede	ma		
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC			20a AUTOPSY?	20b. IF YES, W	ERE FINDIN	NGS USED
/   =					YES M NOT	IN CERTIFYIN	G CAUSES	OF DEATH?
7	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCURR			OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE							
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19	211 LOCATION				
A A		(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	STREET	CITY OR TOW	N	COUNTY	STATE
	AL WORK AL WORK			1/10 70		20 10	70	
	saw the deceased alive at	outol) attended the deceased from	FEBR	UARY_14°-/9	death occurred on the do	-Zj . 19-	/ <del>9</del> .	that (we) last
		STANKE BODY OTHER DECITION. 19.	79		ocam occorred on me do	re ond hadran		
	226. SIGNATURE	Sheet min		DEGREE	MEDICAL STAF	F . /	22c. DATE	2 -7 0
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1	22d. PHYSICIAN 5 NAME CIVILS			220 ADDRESS NATI	ONAL INST	TUTES	OF I	HEALTH
	Milhael E	= Trigg, M.	V.	CLINICALC	ENTER BE	THESDA	MD	20205
230	e. BURIAL, CREMATION, REMOVAI (SPECIFY) Burial	L 23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COL	INTY	STATE
		3/31/79	enera	al Cemetery	Santiag	o, Chi		
24	FUNERAL DIRECTOR W W.		Sinv	or Spring DATE	E REC'D. BY REGISTRAR	Sh. REGISTRAR	SSIGNAT	URP?

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		REGISTRAR			MED	ICAL E	XAMIN	ER'S C	ERTIFI	CATE	OF DEA	TH	REN NO	01	266	
		CEASED NAM	E FIRST			WIDDLE			AST			2a DATE	KNOWNX		DAY YEA	AR 7b. HOUR
(1)	(TYP	PE OR PRINT)	Marth	a	В	undy		Н	ite		100	OF	ESTI- MATED		1 1979	
· (197)	3. SEX	(	4. RACE	5. DATE	OF BIRTH	YEAR	6 AGE (IN YE	ARS IF UN		IF UNDER		2c. DATE	VCED.	MONTH		AR 2d HOUR LO: 20
AZZZE		emale	White	May	24, 1	922	56 YI					DEAD		3/3-	1 1979	9 A. M
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_ ~ = 0 ×	USUA	AL RESIDENCE	(IF IN NURSING HOME	OR OTHER IN	ISTITUTION, GIVE	RESIDENCE	SEFORE ADMISSI	ON)			7-1-1			U		
21201 IF ANY DEL 3. RETAIN P SHOULD BE SHOULD BE	13a. S Ma	aryland	Mont				ortown ver Sp		YES	NO [	13e. STRI	EET ADDRE	der M	ill Ro	oad	
	14. FA	ATHER'S NAMI	E	MIDDLE			AST		15. MOTH	ER'S MAID	EN NAME		IDDLE		LAST	
E, MD DEATH SES 1, N PM N PM N PM OF VIDA		Carl V	. Bundy	7				0.70	В	lanc	he W	i11i	ams			
PRESTON ST., BALTIMORE, ME VITHIN 24 HOURS AFTER DEATH CILL IN ITEM 18, GIVE PAGES 1, NER ALONG WITH FORM PM, ANSIT PERMIT, PAGES 1 AND ALL HYGIENE, DIVISION OF VITA ACUMENT, PAGES 1 AND ACUMENT, PAGES 1 AND 1	16a V	VAS DECEASE ES, NO. OR UNKNO	D EVER IN U.S. AR	MED FOR	CES?	16b. SOC	IAL SECURIT	Y NO.	17. INFOR	MANT			s abo	ve	Translation of the same of the	
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STON ST., I IN 24 HOU N ITEM 18. ALONG W IT PERMIT. IYGIENE, D AL.		11 1	IMMEDIA"	TE CAUS	E (o) Acu				iseas	se.	1.15					
ESTO HIN SIT P HYG		Condition	ns, if any, which		UE TO, OR A	S A CON	SEQUENCE (	OF								
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L RECORDS, 3 UUD BE EXEC "PENDING" I EF MEDICAL SED AS HEALTH A NUT CREMATION,	Z				NO TO OCAIN	Not		INAL UISCASE	UK CUNUITIO	N GITEN IN PA	AKI I (0),					
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▼ 성의표교유크(M	MEDICAL CERTIFICATION	No	one												YES [	
OF VATE WENTER W	CE	210. EXTERNA	AL CAUSE WAS		1b. TIME OF I HOUR A.M.		DAY YEAR	21c. HO	W INJURY	OCCURRE	ED LENTER N	ATURE OF INJ	URY IN ITEM 18	PART 1 OR PAR	T 2)	The latest
ION C	CA	CONTRIBUTI	NG CAUSE OF		P.M.		19				N	one				
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WW WAI													1770			
EXAMINER: CERTIFICATE, OUD BE FOR' I DIRECTOR: I, WITH THE S		death result	fy that I taak charg	ral causes	10.0	Accident		Autaps	/ LJ,	Inspectio		Inquiry ermined mo		d in my ap	nian	
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TO A EXEC PAGI TO A AFTE BALT	230.BI	PECIFY)	TION, REMOVAL 2				AME OF CEA				23d, LO	CATION		COUN	ity	STATE
150/BP	-	Buria		4/3	/79	P	arkla	wn' C	enet		Ro	ckvi		Mor	it.	Md.
DHMH - 17		NAME			ADDRESS					63 5	- bd /1	101/1	R 256. REG	STRAR'S S	GNATURE	,
(VR A15 ME(5)) 15M 7/77	H	ines/1	Rinaldi	F.H	. 118	300	N.H.A	ve.S	ilve	r Sp	ring	, Md .	1	- Lind	- CNLA	dy



STATE OF MARYLAND

THE STATE OF THE S The Land of the County of THE T. JEBERTHO . T. LINCO KENT HILL TO SIL. STO. NO. # 1-12 Vetrosoft on Francisk Research via, Vr. The letter that the Street of the filled in by the funeral directo ould be filed within 72 haurs at

been signed by the attending physician and campletely mit. Then please, remove carbanpapers. Pages 3 and 2 sh

TO FUNERAL DIRECTOR, After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please-remove committee State Dept. of Health and Mental Hygiene prior to burial, crematian,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

retained by the haspital ar

STATE	OF	MARY

LAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

APR 1 6 1979

1-	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEATH	REG N		-07269
	CEASED NAME FIRST		MIDDLE	- 1 ·	AST	20 DATE OF DEATH	MONTH DAY	Y YEAR 26 HOUR
		by Boy			laway		03 31	10 11000
3 SEX	^x Male	4 RACE White	2	5 DATE C		6 AGE (IN YEARS LAST BIR)		UNDER I YEAR IF UNDER 24 HRS
CC	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	U.S.	WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY C		OF DEATH
10 CI	Olney	Montgo	HOSPITAL, NURSIN H FACILITY, GIVE STREET, METY GET	IG HOME C ADDRESS) TETAL	Hospital	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		126 KIND OF BUSINESS O INDUSTRY
USUA 13a S	AL RESIDENCE (IF NURSING HOME O	tgomery	GIVE RESIDENCE BEFORE	le le	13d INSIDE CITY LIMITS? YES X NO	13e. STROM AMONT	oe St.	- 13
I4 FA	ATHER'S NAME FIRST Mark	MIDDLE	Holdawa:	у	15 MOTHER'S MAIDEN NA/ FIRST Linda	WE		Welty
16a. W	WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per ED BY: TE CAUSE (a)	line for (a), (b), a	Tes	amatrio	12		BETWEEN ONSET AND DEAT
	PART I. DEATH WAS CAUSE	DUE TO, OF	R AS A CONSEQUE	NCE OF	am a tro	147		BETWEEN ONSET AND DEAT
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TIFICATION	Conditions, if ony, which gove rise to immediate couse to, stating the underlying couse last	DBY: TE CAUSE (a)  DUE TO, OF    b)  DUE TO, OF  (c)  CONDITIONS CC	R AS A CONSEQUE	NCE OF		_	20b. IF YES, V	N IN PART I (0)  WERE FINDINGS USED NG CAUSES OF DEATH?
CAL CERTIFICATION	Conditions, if any, which gove rise to immediate couse to, stating the underlying cause last	DBY: TE CAUSE (a)  DUE TO, OF  DUE TO, OF  CONDITIONS CC  196. CONDI  HOUR A.F	R AS A CONSEQUE  TION FOR WHICH  FINJURY M. MONTH DA	NCE OF  DEATH BUT  OPERATION	NOT RELATED TO THE TERM	INAL DISEASE OR CON  200 AUTOPSY?  YES \( \text{NO} \)	20b. IF YES, V IN CERTIFYIT YES	WERE FINDINGS USED NG CAUSES OF DEATH?
MEDICAL CERTIFICATION	PART I. DEATH WAS CAUSE IMMEDIA  Conditions, it ony, which gove rise to immediate couse to, stating the underlying cause last  PART 2 OTHER SIGNIFICANT  198. DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	DBY: TE CAUSE (a)  DUE TO, OF    b)	R AS A CONSEQUE  THE PROPERTY OF THE PROPERTY	NCE OF  NCE OF  OPERATION  AY YEAR  19	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CON  200 AUTOPSY?  YES \( \text{NO} \)	20b. IF YES, V IN CERTIFYIN YES   RY IN ITEM 18, PART	WERE FINDINGS USED NG CAUSES OF DEATH?
	PART I. DEATH WAS CAUSE  IMMEDIA  Conditions, if any, which gove rise to immediate couse to, stating the underlying cause lost  PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOT WHILE	DBY: TE CAUSE (a)  DUE TO, OF  Ib)  DUE TO, OF  (c)  19b. CONDITIONS CO  19b. TIME OF  HOUR A./  21b. TIME OF  (AT HOME, STR.)	R AS A CONSEQUE  R AS A CONSEQUE  TION FOR WHICH  F INJURY  M. MONTH DA  M. MONTH DA  DETERMINENT  DETERMINEN	OPERATION  AV YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21f. LOCATION  STREET  , 19  and that in (my) (our) opinion of	INAL DISEASE OR CON  200 AUTOPSY?  YES NO CITY OR TOV  100 CITY OR TOV  100 CITY OR TOV	20b. IF YES, VIN CERTIFYIN YES IN CERTIFYIN YES IN TEM 18, PART	WERE FINDINGS USED NG CAUSES OF DEATH? NO [] LORPART 2] COUNTY STATE
	PART I. DEATH WAS CAUSE  IMMEDIA  Conditions, it ony, which gove rise to immediate couse io, stating the underlying cause lost  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHY MEDICAL EXAMINER  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (I) (this hosp saw the deceased alive or obove, (I) (we) (did) (did not)	DUE TO, OF TO CONDITIONS CO	R AS A CONSEQUE  R AS A CONSEQUE  TION FOR WHICH  F INJURY  M. MONTH DA  M. MONTH DA  DETERMINENT  DETERMINEN	OPERATION  AV YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21f. LOCATION  51REET  , 19  and that in (my) (our) opinion of	20a AUTOPSY?  YES NO CITY OR TOV  CITY OR TOV  CEDICAL STAL  DIRECTOR PHYSIC  CE Philip D:	Z0b. IF YES, V IN CERTIFYIR YES   IN ITEM 18, PART IN ITEM 19, PART IN ITEM 19, PART IN ITEM 19, PART	WERE FINDINGS USED NG CAUSES OF DEATH? NO 1 ORPART 2  COUNTY STATE

DHMH - 16 50M 1/76

24 FUNERAL DIRECTORDISPOSAL by hospital

(VR A 15 (4))

00210-01

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 79-07270 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED 19 79 Marcellus Holland DATE LAST BIRTHDAY) PRONOUNCED DEAD 2 To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE! OR INDUSTRY 13a. STATE 13d. INSIDE CITY LIMITS? Mante MIDDLE WITH FO (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: niuries severe. IMMEDIATE CAUSE (o) Pedestrin- Auto. Accident Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, YES NO X 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR-A.M. MONTH DAY YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. AT WORK NOT WHILE STREET, FACTORY FARM, ETC.) Hughway 22a. I certify that I took charge of the remains described above, held an and in my apinion Undetermined manner death resulted from: Suicide Natural causes TITLE (SPECIFY) ACTUAL olm & Bal TO MEDICAL EXECUTE THE C PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, N BALT MORE, MA SIGNATURE EXAMINER'S NAME TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 21-79 Emory Grove **DHMH-17** Pockuille (VR A15 ME (5))

01210-61

STATE OF MARYLAND 79-07271 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE LAST 1. DECEASED NAME 20 DATE OF DEATH 2h HOUR ETHEL. (TYPE OR PRINT) K. HOLLIS 19 - 793. SEX 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR HOURS Female White 1898 8 March 7a BIRTHPLACE ISTATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED INEVER MARRIED Montgomery New York U.S.A. WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
10008 Frederick Ave (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Kensington DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Secretarial Library USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland Kensington 10008 Frederick Ave. ontgomery 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Thoma.s J. Bruckhouser Keves Julia 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS LIE YES GIVE WAR OR DATEST 097-10-6255 Walter Hollis. Husband. Same as item 13. No 18 CAUSE OF DEATH (Enter only one cause per lige PART I. DEATH WAS CAUSED BY M Cu IMMEDIATE CAUSE TO vasewar vis Conditions, if any, which couse lot, stoting underlying couse lost R-1160 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTINOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20h, IF YES, WERE FINDINGS USED 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22n.1 certify that (1) (this hospity) law the deceased and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated J7h SIGNATURE DEGREE 22t DATE ATTENDING MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS with the IMPORT should b 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION (SPECIFY) STATE Burial Ft. Lincoln Cemetery BP. Brentwood, Baryland 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 JOSEPH GAWLER'S MONS INC. NAAAF (VR A 15 (4)) 5130 WISC, AVE., N. W. WASH., B. C. 19616

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## STATE OF MARYLAND DED ADTMENT OF HEALTH AND MENTAL HYCIENE

07272

- STATE REGISTRAR			DET I		FICATE OF DEATH	REG. N		.012	12
I. DECEASED NAME (TYPE OR PRINT)	FIRST	٨	AIDDLE		LAST	20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
( ) The sale is a sale is	NEVIN	R	AY	HOUS	EMAN	Mar	ch 15,	1979	7 PM
3. SEX		4 RACE	(A) (A) (A)		OF BIRTH	6 AGE (IN YEARS LAST BIR		F UNDER 1 YEAR	IF UNDER 24 HRS
Male		Whi	te	MONT	arch 5. 1912	67	YRS	ONTHS DAYS	HOURS MIN.
To. BIRTHPLACE (STATE O	OR FOREIGN	L CITIZEN OF	WHAT COUN	TRY? 8	D EVER MARRIED	9 BALTIMORE CITY	1	OF DEATH	
Penna.		U.S	Δ.	WIDOW		Montgom	0 773F		AA
10 CITY OR TOWN OF	DEATH	11. NAME OF H	OSPITAL, NU	JRSING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION		F BUSINESS OF
D = 40 = 200 0 =			H FACILITY, GIVE S			(TYPE OF WORK FOR MOST O			na Dand
Bethesda USUAL RESIDENCE (#FN	URSING HOME OR	OTHER INSTITUTION.	GIVE RESIDENCE	t Stree	5	Statistica	Analy	nst Nav	y Dept.
13a STATE	136 COUN	TY	13c CITY OR	TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
Maryland 14 FATHERS NAME	Mont	gomery	Beth	esda	YES NO I	4918 Cres	scent S	treet	
FIRST		IDDLE	LAST		FIRST	MIDDLE		LAS	iT .
Willia		н.	House		Annie	E.		Bran	ndt
16a WAS DECEASED EV (YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)		SECURITY NO.	17. INFORMANT	ADDR	:55		
No		-	171-0	7-6729	Elizabeth M.	. Houseman,	Same a	as #13,	
18 CAUSE OF DE	ATH (Enter only	y one couse per	line for (a), (b	o, ond (c)	2417 THE 281			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
PART I. DEATH	WAS CAUSED	OBY: CAUSE (0)	Strok	e				2 1	L/2 mos.
436-	=		AS A CONS	EQUENCE OF			1,11,0		
Conditions, if o	inv. which	\$	Cere	bral Ar	teriosclerosia	8		7 4	yrs.
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	use lost	DUE TO, OF	Gene	ralized	Arteriosclero	าราร		15	+ yrs.
PART 2 OTHER S	IGNIFICANT C	ONDITIONS CO			NOT RELATED TO THE TERM		DITION GIVE		
	ritis	01101110110 <u>CC</u>	JATRIBOTIA C	A DEATH OUT	THO THE TENT	MINAL DISEASE ON COIL	DINOIT GIVE	14 1141 (1)	
Neph:	RATION	196 CONDI	TION FOR WE	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b IF YES,	WERE FINDIN	VGS USED
Ē						YES NOTX		ING CAUSES	NO [
21g. ACCIDENT WAS	UNDERLYING	216. TIME O			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAI	RT I OR PART 2)	
				DAY YEAR					
OR CONTRIBUTING [  (IF EITHER, NOTIFY ME  21d. INJURY OCC		P./ 21e. PLACE C		19	21f LOCATION				
ANTITE INC	T WHILE	( AT HOME, STR	EET, FACTORY, OF	FICE, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
AT WORK - AT	WORK			Ton	3 70	W=1-	3.6"	- 70	
22a.l certify that	(I) (this hospite osed olive on_	March	13 ed tr	om Jan	19 79	toMarch	124	9 79	that (I) <del>(we)</del> lo
obove, (I)	osed onve on _	view the body		19	nd that in (my) <del>(out</del> ) opinion	death occurred on the o	ofe and hour		
174 SIGNATURE	4.11	9,	1 11		DEGREE	11FD1C11 C71	er.	22c. DATE	SIGNED
ALL.	Which	D/4	orbe	ut 1	M.D. PHYSICIAN	DIRECTOR PHYSI	SIAN []	3/1	5/79
224 PHYSICIAN'S	NAME THEOR	PRINT)	March		22e. ADDRESS				
R. Ste	phen Hu	lburt			3000 Dent I	Pl., NW, Wash.	.,D.C.		
23a. BURIAL, CREMATIC	N, REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		DUNTY	STATE
Burial		3/19/	79	Calvar	y Cemetery	Altoona	, Benna	B. A.	
24. FUNERAL DIRECTOR		513	O Wisc	ongin A	TO N. W. SSE PAN	E REC'D. BY RECISTRAR	256 RECESTE	HYSERIA	wely
Joseph Gaw	ler's S	ons Was	hingto	n, D.C.	20016 MAN	1 60 1313	/	N. Carrier	1
R. Ste	phen Hu	23b. DATE 3/19/	O Wisc	Calvar	ATTENDING PHYSICIAN PHYSIC	23d. LOCATION CITY OR TOWN	D.C.	3/1	15/7

DHMH - 16 50M 1/76 (VR A 15 (4))

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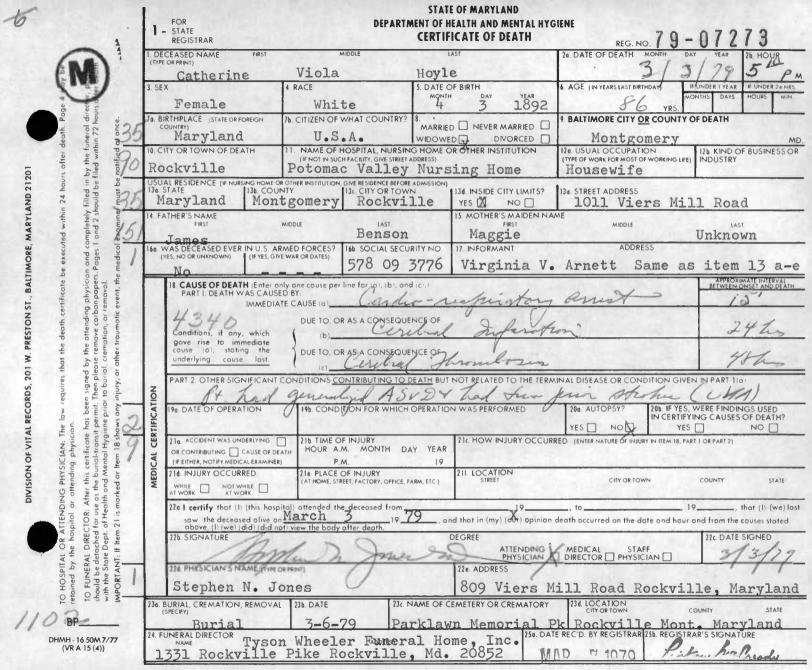
79-07272 NAME OF THE PROPERTY OF THE PR Transcrub ..... . In a review of the last live and the last the state of the last the state of the last the state of the last t The Search despend of the Control of Aller 40 to the second of the TO THE RESIDENCE OF THE PROPERTY OF THE PROPER · OFT SALE ekonselonokosko Indene ARTE - T

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DHMH - 16 50M 1/76

(VR A 15 (4))

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-07276

	1 -	FOR STATE REGISTRAR			DEPA		IEALTH AND MENTAL HYG	REG. N	10	0721	Ь
		CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
			ry		E.		nter	March 2,			635 P N
	3. SE	FEMALE		RACE WHITE		5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BI		FUNDER 1 YEAR	HOURS MIN
5		RTHPLACE ISTATE OR I	FOREIGN	USA	WHAT COUNT	RY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	MD
0		TY OR TOWN OF DE	ATH	3707	CHEACHITY -CHIEST		OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST MED TECHO	OF WORKING LIFE		F BUSINESS OR
5	130 5	AL RESIDENCE (IF NUR TATE D.	13h COUNT	OTHER INSTITUTION	GIVE RESIDENCE BI		134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 3707 CHEV	Y CHAS	E LAKE	DR.
20		THER'S NAME FIRST	, A	IDDLE	LAST HTINTE	3	15 MOTHER'S MAIDEN NA FIRST STDNEY	WE		PEAL	RSON
/	16a V	VAS DECEASED EVER		MED FORCES? WAR OR DATES)	166 SOCIAL S 214-18-	ECURITY NO.		ster ADDR H. FISCHER	Box	*7-C, C	ryland livet
STATE STATE OF	NO	Conditions, if ony gave rise to im couse (a), stati underlying cous	y, which mediate ang the e last.	DUE TO, C  (b)  DUE TO, C  (c)  ONDITIONS C	HESHIT KSCK	OUENCE OF OUENCE OF TO DEATH BUT	peripheral RCINOMA, NOT RELATED TO THE TERM	Hood De LEFT BK			week,
1	CERTIFICATION	190 DATE OF OPERA	NOITA	196 COND	ITION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDITY	
,	-	210 ACCIDENT WAS UN OR CONTRIBUTING [	CAUSE OF DEAT		OF INJURY .M. MONTH .M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18, PA	RT 1 OR PART 2)	
1	MEDICAL	21d. INJURY OCCUP	VHILE [7]		OF INJURY REET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WH OCIC	COUNTY	STATE
		77s.1 certify that (1 saw the decea above, (1) (we) 77h SIGNATURE	sed alive on	231	discount of the death of the death	79.0	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN		FF	-	
1		GEORG	AMY (TYPE OR	BL WW	DELL	MD	1726 E 4E	ST. NW, 1	NASt	t, D.C.	20006
		BURIAL, CREMATION	, REMOVAL	3-6-7			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWAS	HINGTON	P.D.C.	STATE
	24. FU	JNERAL DIREGIOS	EPH GA	WLER'S	SOMS	INC.	250, [4]	FREOD BY 19/9A	256	may fill start	hody

5133 WISS. AVE., N. W. WASH., D. C. 29816

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLE L DECEASED NAME 20. DATE KNOWN 7b HOUR (TYPE OR PRINT) ESTI-Fred DEATH MATED 19 7 Jackson 4 RACE AGE (IN YEARS | IF UNDER 1 YR. SEX 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR 24. DATE MONTH DAY LAST BIRTHDAY PRONOUNCED Cauca. Male DEAD 6-8 0 YRS TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH West Virginia MARRIED NEVER MARRIED Montgomery, U.S.A. WIDOWED K DIVORCED ID. CITY OR TOWN OF DEATH 2, AND 3 TO THE 3. RETAIN PAGE SHOULD BE FILED. 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12h, KIND OF BUSINESS Nutmeg Place FOR MOST OF WORKING LIFE! OR INDUSTRY Germantown Retired Drug Co. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13c. CITY OR TOWN 13b COUNTY 13d. INSIDE CITY HIMITS? 13e STREET ADDRESS Montgomery Maryland Germantown YES X 18535 NO [ Nutmeg Place 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AND EIRST MIDDLE MIDDLE LAST Jackson Charles Edward Katie Ashby 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT 188535 Nutmeg Germantown, DIVISION (YES, NO, OR UNKNOWN) PAGES 214 05 6550 John J. Jackson 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). USED 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF E 3 SHOULD BE LE DEPARTMENT OF PRIOR TO BURIAN YES [] 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 1979 21e PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK Hoine -DIRECTOR: 1 WITH THE S 22a. I certify that I took charge of the remains described above, held on Inspection X death resulted from: Homicide Undetermined monner TITLE (SPECIFY) ACTUAL TO MEDICAL E.

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PAGE 4 SHOUL
TO FUNERAL D
AFTER DEATH, V
BALTIMORE, MA DOT 1/ MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME BALL, M.D. G. Old Georgetown Rd Beth Md. TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial Sunset Mem. Gardens Cumberland. BP 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** MAK & (VR A15 ME (5)) John J. Hafer, Jr. La Vale, Maryland. 15M 7/77

81370-3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTIah Thac usen DEATH MATED IF UNDER 24 HRS. SEX 4 RAC 5. DATE OF BIRTH 2c. DATE MONTH DAY YEAR LAST BIRTHDAY PRONOUNCED DEAD YRS TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED New York USA WIDOWED IN DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYP 126. KIND OF BUSINESS OR INDUSTRY 301 RETAIN PAHOULD BE R Restaurant Owner Rest USUAL RESIDENCE (IF IN HURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES NO OF VITAL 14. FATHER'S NAME IS, MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST LAST Anton Johannessen Olsen Emma 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT LYES NO OR LINKNOWNI 205B (IF YES, GIVE WAR OR DATES) Box 090-05-0982 Antonie Moxley Manravia Maryland 18. CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF TO BURIAL YES 3 SHOULD BE DEPARTMENT C 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 10 PRIOR 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK Inspection X 22a. I certify that I took charge of the remains described above, held on Autopsy and in my opinion ARYLAND. Notural couses death resulted from: Homicide Undetermined monner DIRECT TITLE (SPECIFY) 12/ch2/197 R DEATH, MEDICAL EXAMINER EXECUTE
PAGE 4
TO FUNE
AFTER DE
BALTIMO HAMINER'S NAME ADDRESS 1919 Seminary TYPE OR PRINT Rogers Road 23a, BURIAL, CREMATION, REMOVAL 23b, DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION Providence Cemetery Kemptown Frederick MD.

256. DATE-REC'D, BY REGISTRAR 125b. REGISTRAR AND AURE
MIN 27 1070 Burial 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) Olin L. Molesworth Damascus, Md. 20750 15M 7/77

79-07279

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	FOR STATE			DEPARTI		EALTH AND MENTAL HYG	IENE	79.	-0728	n
	1 06	REGISTRAR CEASED NAME	FIRST H	RANCES	MIDDLE B.			REG. NO	MONTH DAY	YEAR 26 HO	110
		OR PRINT)	AHO	TES .	B.	50	1 15 64	10. DATE OF BEATH	3-14	20 110	73 1 M
	3. SE	X		RACE		5 DATE C		AGE (IN YEARS LAST BIRTI			R 24 HRS
		Female		Whi.	te	Apri	11 °6, 1906	72	YRS.	HS DAYS HOURS	MIN
83	7a. BI	RTHPLACE (STATE OR FO	REIGN )	U.S	•A•	8 MARRIE WIDOWE		9 BALTIMORE CITY O		DEATH	MD.
90	10 C	Rockville	THÍ I	Collin	HOSPITAL, NURSIN HEACILITY, GIVE SPEEL NESWOOD	IG HOME C	or other institution ag Home	120 USUAL OCCUPATION TO THE CONTROL OF WORK FOR MOST OF		26. KIND OF BUSIN NOUSTRY MAT	Ser.
35	130. 5	AL RESIDENCE (IF NURSI STATE <b>ryland</b>	13P CON	other institution, TY gomery	GIVE RESIDENCE BEFOR 13c. CITY OR TOW Brooks	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 6362 Ridg	e Drive		
150	14. FA	Orville	M	IDDLE	Beli		15. MOTHER'S MAIDEN NAM Gretchen	ME		Parr	
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE	SS		
1		No	-		578-09-8	3636	Wheeler John	son, Same a	s #13.		
		18 CAUSE OF DEATH PART I. DEATH W.	AS CAUSED	CAUSE (o)	CAF R AS A CONSEQUE	NCE OF		RY FAILU	RE	APPROXIMATE INTI BETWEEN ONSET AN	ERVAL D DEATH
		Conditions, if any, gove rise to imm cause (a), stating underlying cause	ediate g the lost	(c)	R AS A CONSEOUI	ENCE OF	4 OFTHE				
	N O	PART 2 OTHER SIGN	IIFICANT C	UHOD	HAR EGH	A -	APRICISIO	INAL DISEASE OR COND	OITION GIVEN	N PART 1(a)	
2	CERTIFICATION	190 DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYING	ERE FINDINGS USE G CAUSES OF DEA NO	TH?
9		21g. ACCIDENT WAS UND		21b. TIME O HOUR A.		AY YEAR	21c. HOW INJURY OCCURE		_		
	MEDICAL	(IF EITHER, NOTIFY MEDICA  21d INJURY OCCURR  WHILE NOT WH AT WORK AT WOR	ED ILE	P./ 21e PLACE ( (AT HOME, STR		19 FARM, ETC.)	21f. LÖCATION STREET	CITY OR TOW	N	COUNTY	STATE
		sow the decease above, (I) (we) d		16 - 1	^		2 - 2 , 19 - 7 k	, to	te and hour on	d from the couses s	
		221 SIGNATURE  CLOUC  22d. PHYSICIAN'S NA	lh.	au	ec i	me	ATTENDING PHYSICIAN PHYSIC	MEDICAL STAF	F IAN 🗌	3/14/2	9
1		RICHA	AD/	M. A	ULD		809 Vier	s Mill Ro	P. Roc	Evilp 1	Mid.
	23a. 8	BURIAL, CREMATION, I	REMOVAL	23b. DATE	23c.1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COU	NTY S	TATE
		Cremation		3/14/	79 (	Cedar	Hill Cremator	y Suitlan	d. Mary		
	24_FI	UNERAL DIRECTOR		51	30 Wiscon	nsin A	ve., N.W. 250. DAN	14RP-218979	25b. REC 510	ay more	roly

Joseph Gawler's Sons, Washington, D.C. 20016

BP. DHMH-16 50M 7/77

MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be natified at ance

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ATTENDING PHYSICIAN: The

etoined by the hospital or attending physician

and 2 should be fill

(VRA 15 (4))

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-07281

		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	9-012	01	
25		CEASED NAME OR PRINT)	FIRST Mami		vidole Virginia	Jo	hnson	2a DATE OF D	EATH MONTH	DAY YEAR 979	26 HOUR 5:20AM	
Ä	3. SEX	Female		4 RACE Whit	e	5. DATE O		6 AGE (IN YEAR	56 YRS	IF UNDER I YEAR	IF UNDER 24 HR5 HOURS MIN	
5	C	RIHPLACE (STATE OR F DUNTRY) Maryland	10	U.S	and the latest terminal	WIDOWE		1	city <u>or</u> coun gomery	TY OF DEATH	MD.	
9		01ney		Montgor	nery Gene	ral H	or other institution	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife			F BUSINESS OR	
6	13a. S M	al residence (if Nurstate aryland	13b COU		Damasci	/N	13d INSIDE CITY LIMITS? 13e STREET ADDRESS Mt. 1			View Rd.		
50		THER'S NAME FIRST Willie			Johnson	F	15 MOTHER'S MAIDEN NAME FIRST Lula		rginia	Carte	r	
		VAS DECEASED EVER (ES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	214-18-		Guy N. Joh	mson,	Item 13			
	Z	Canditions, if any gove rise to im- cause (a), statin underlying cause PART 2. OTHER SIGI	mediate ng the last	(c)	r as a consequer as a consequence of the consequenc	ENCE OF .	Acute hemore  T schemic  NOT RELATED TO THE TERM	bouel INAL DISEASE C	disease	GIVEN IN PART 110		
-	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPS	IN CER	YES, WERE FINDIN TIFYING CAUSES YES M		
1	MEDICAL CER	21a ACCIDENT WAS UNION CONTRIBUTING	CAUSE OF DE.	P. 21e PLACE	M, MONTH D M.	19	211 LOCATION STREET		RE OF INJURY IN ITEM 11	8, PART 1 OR PART 2)  COUNTY	STATE	
		22a.1 certify that (1) saw the deceas abave, (1) (1) 22b. SIGNATURE	(this hosp					MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DATE		
,		224 PHYSICIAN'S N. Alan N.		lman, M	. D.		Gaithersb	urg, MD	20760	Avenue		
	23a. E	BURIAL, CREMATION, SPECIFY) Burial	REMOVAL	23b. DATE Mar. 26			emetery or crematory	23d LOCATI CITY OR TO Pur		county	STATE	

DHMH - 16 50M 1/76

(VR A 15 (4))

marked or Hem 18 shaws any

24 FUNERAL DIRECTOR NAME Olin L. Molesworth, Damascus, Md.

Purdum, Montg., Md.

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

7 1070

Listing Malhady

iline d. doman, ltml

urial response in the form of the second response in the second resp

1	1 - 5	tems #			10/70 STATE DEPARTMENT OF I DICAL EXAMIN		RYLAND AND MENTAL H RTIFICATE O	FDEATH	79-0	7282	
ES. S. T.		EASED NAME OR PRINT)	Twan	n Mich			hnson	24 DATE KNO OF ES DEATH MA	TED 3	19 19 79	2b. HOUR
	fe.	male	black	Sept. 19		MONTHS		MIN. PRONOUNCED DEAD	3	19 ₁₉ 79	1:53 P· M
100	FOF	RTHPLACE (ST		76. CITIZEN OF WH	.A.	WIDOWE		Mon	tgomery	County	MD
		ver Sp		Holy Cro	PITAL, NURSING HOME LILITY, GIVE STREET ADDRESS! SS HOSPITA	, or other	INSTITUTION	12a USUAL OCCUPATION FOR MOST OF WORKING		OR INDUSTR	SINESS
	USUA 13a. S1		13b. CON	or other institution, giv	ERESIDENCE BEFORE ADMISSING STOWN STOWN Spi	ring 13	d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS	ewart La	ane	
PM 3.	14. FA	THER'S NAME		Davis	LAST			oria Johnso	n	LAST	
B. GVE PAGE 8. GVE PAGE 9. WITH FORM DIVISION OF		AS DECEASED S, NO, OR UNKNO NO	D EVER IN U.S. AI	RMED FORCES?	None None		Gloria Jo	hnson (Moth	er) same	e as #13	
BE EXECUTED WITHIN 24 H NDING". IN PENCIL IN ITEM MEDICAL EXAMINER ALONG AS A BURIAL.TRANSIT PERM NATION, OR REMOVAL.	NO	Candition gave ris cause (a) lying cau	ns, if any, whice to immediate stating the understating t	ATE CAUSE (o)  DUE TO, OR A  (b)  DUE TO, OR A  (c)	Sudden Infa  AS A CONSEQUENCE (  AS A CONSEQUENCE (  UT NOT RELATED TO THE TERM	OF OF					
ATE SHOULD "PER WORD "PER THE CHIEF A THE CHIEF A THE MENT OF HEABURIAL, CREATER THE MENT OF	CERTIFICATION	19a. DATE OF			ION FOR WHICH OPER					20. AUTOPSY	? NO 🗆
WRITING THE WARFING THE WARDED TO THE WEB 3 SHOULD INTEDERARIMENT OF PRIOR TO BUILD TO BUILD THE WARFING	MEDICAL CE	UNDERLYING CONTRIBUTION	CAUSE WAS OR OR OCCURRED NOT WHILE AT WORK	P.M.	INJURY MONTH DAY YEAR  19 FINJURY (ATHOME, DRY, FARM, ETC.)		ATION	O LENTER NATURE OF INJURY I		OUNTY	STATE
WEDICAL EXAMINER: IN COLOT THE CERTIFICATE, IN E. 4 SHOULD BE FORW PUNERAL DIRECTOR, PARTIMORE, WITH THE STATIMORE, MARYLAND, 212		22a. I certii death resulta ACTUAL SIGNATURE	fy that I took cho	rge of the remains descriptions of the remains descriptions of the remains description of the remains		Autapsy icide	Homicide TITLE (SPECIFY) Assistant	Undetermined monne	DATE	3/2	0/79
PAGE PAGE	23a.Bl	PECIFY)	TION,REMOVAL		23c. NAME OF CE	METERY OR	CREMATORY	Penn Street	CO	UNTY ST	201_
DHMH-17 (VR A15 ME (5))		Buri DNERAL DIRECT NAME Orge R		3-23-79 246 ESN	Ash Memo	on St.	25a. DATE F	Sandy Spr	0	SIGNATURE	

BULLET AND CONTROL OF THE STATE OF THE STATE

FOR

(VRA 15, 4) 7/78

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE

STATE OF MARYLAND

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injury, or other troumotic

should be detached for use os the buriol-tronsit per with the State Dept. of Health and Mental Hygiene: IMPORTANT: If them 21 is marked or them 18 shows

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-07286

J		REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	1 3 - 1	) 1 2 0	U
1	1. DECE	ASED NAME	FIRST	٨	VIODIE	l.	ASI	20 D	ATE OF DEATH		AY YEAR	76 HOUR
ı	(TIPE OR		hryn		C.	Ke11	ev	1	March 1	9. 19	79	7:30 A
1	3 SEX			4 RACE		5. DATE OF BIRTH		6. AG	E (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
ı	Female		Caucasian		Jan. 10, 1902		2	77	YRS.	ONTHS DAYS	HOURS MIN	
1	7a. BIRT	BIRTHPLACE (STATE OR FOREIGN		76 CITIZEN OF WHAT COUNTRY?		8. MARRIED NEVER MARRIED		9 BA	9 BALTIMORE CITY OR COUNTY OF DEATH		17 17 19	
S Pa.			USA		WIDOWED DIVORCED			Montgomery County,				
10. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A					JSUAL OCCUPAT		126. KIND OF	BUSINESS OR	
0		ethesda		9104			Avenue	Re	t. Sa	les	Woody	
1	USUAL 130 STA	RESIDENCE (IF NURS	136 COUN		GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS	S? 13e S	TREET ADDRESS		Locni	ГОР
2		Md	Mon	tg	Bethes	da	YES X NO		104 Her	npstea	d Ave	
	14 FATH	HER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN	NAME	WIDDIE	1	LAST	
Ĉ		awrence		F.	Finn		Mary		R.		Gra	
1	I to WA	S DECEASED EVER		MED FORCES?  WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT				ide P	_ •
	N	No			216-38-	5226	Eugene E	. Ke	lley (	Chevy		
	18	PART I. DEATH W	H (Enter on	ly one couse per	line for (a), (b), one	d (c)	+1.					MATE INTERVAL
	23	PARTI. DEATT W		E CAUSE (o)	Ventri	un (h	n +16h1	CLA	11077		7.	30 Au
		Conditions it any which ( CODONARY ALTER differ with thrombis; 30 min										
		Conditions, if any,		(b)	CORON	ANY	ALTHY O	1 peac	ulth	1 Mrgu	1565. 1	
		cause (a), statin underlying cause	g the	DUE TO, OI	RAS A CONSEQUE	NCE OF	mell					
				(c)	1199	2705						
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											451
$\dashv$	CERTIFICATION	a DATE OF OPERA	1	196 CONDITION FOR WHICH OPERATION WAS PERFORMED				200	20a AUTOPSY? 20b IF YES, WERE FINDINGS USED			
	FIG			Proper					s □ NO)(C)(	IN CERTIFY YES	ING CAUSES	OF DEATH?
-	E 7	10. ACCIDENT WAS UND	ERLYING [	21b. TIME O	FINJURY		21c HOW INJURY OC		7670			110
		OR CONTRIBUTING (		1111	M. MONTH DA							
ı	$\sim$	14 INJURY OCCURE		21e. PLACE	OF INJURY	19	211 LOCATION					
		WHILE NOT WE	TILE	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TO	NWO	COUNTY	STATE
	-	2a.1 certify that (1)		tol) attended th	e deceosed from_	4	-1 19	77 .1	. 3 -	14	979 . 1	that (1) (we) lost
		sow the deceose	ed olive on	3-14	19_	7 5 .01	nd that in (my) (our) opin	nian death	accurred on the a	date and hour	and from the c	ouses stated
	2	26. SIGNATURE	na (ala na	Ti view the pady	arrer death.	Bien	DEGREE	17.04			22c. DATE S	IGNED
		Kolo	enl	try	Devil	mo	ATTENDIN PHYSICIA		DICAL STA	AFF ICIAN [	3-1	19-79
1	7	Zd. PHYSICIAN'S NA	AME (TYPE O	R PRINT)			770 ADDRESS		M Salle	TE VI		
	0.4	Roland	l Imp	erial	my	1	4977 Bat	tery	Lane,	Bethe	sda, M	ID 2001
	230 BU	RIAL, CREMATION,	REMOVAL	23b. DATE	73c. 1	NAME OF C	EMETERY OR CREMATO		d. LOCATION CITY OF TOWN		COUNTY	STATE
	(SPE	Burial		Mar.23	1, 1979	Ar	lington N	atl.		igton.	Va	arn't
		IERAL DIRECTOR	Rot	ert A.	Pumphr				D. BY REGISTRAL	R 256. REGIST		IRE O
		Homes,	P.A.		hesda.			341/	W 7 1 13	19 /	resery !	recreedy

DHMH - 16 50M 7/77 (VR A 15 (4))

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20	1	FOR - STATE REGISTRAR		DEPARTM	ENT OF I	E OF MARYLAND LEALTH AND MENTAL HYGI ICATE OF DEATH	ENE 7	9 -	0728	7
	I DE	ECEASED NAME FIRST	MIDI	DLE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
noy be poge 3	1	Har	riet F.	50		KERR	March	22	1979	2:00P M
4 moy pog	3 SE		4 RACE		S. DATE O		6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	
Poge A		Female	Caucas	ian	Fe	b. 23 1914 AR	65	YRS		HOOKS MIN
deoth. Po	3 A	IRTHPLACE (STATE OR FOREIGN COUNTRY) PKansas	USA WIDOWED			D NEVER MARRIED	TY OF DEATH	MD.		
offer d wit	-	Bethesda	National	11. Name of Hospital, Nursing Home or other Institution National Naval Medical Center			12g USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEW! T	ION OF WORKING C	LIFE) INDUSTRY	OF BUSINESS OR
(ND 2120 120 124 hours filled in by ould be file	USU 13a S	AL RESIDENCE (IF NURSING NOME OF STATE 136 COL	chester 13	Summery i	lle	13d INSIDE CITY LIMITS?	136. SIREH ADDRESS 1201 Cen	tral		
MARYLA ed within mpletely ond 2 sh	14 F	ATHER'S NAME FIRST  John	WIDDLE	Snelle	n	15 MOTHER'S MAIDEN NAMERS Eva	AE MIDDLE			avis
IMORE,	16a	WAS DECEASED EVER IN U.S. A	VE WAR OR DATES	563 16 8	ITY NO.	William A. Ke	ADDRI err See	item		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or otherding physician.  Were this certificate has been signed by the otherding physician and completely filled in by as the buriol-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filled in that the demonstration of the permit of the please remove corbanpapers. Pages 1 and 2 should be filled in the demonstration of the permit of the please remove containing the prior to buriol, cremation, or removal.	2	Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR A	BRES  AS A CONSEQUENT  TRIBUTING TO D	NCE OF	NOT RELATED TO THE TERMI				(o)
TAL RECORI	CERTIFICATION	19a. DATE OF OPERATION	198. CONDITION FOR WHICH OPERATION WAS PERFOR			N WAS PERFORMED	20a. AUTOPSY?	IN CERT	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc	
DIVISION OF VITAL ING PHYSICIAN: The ottending physicion frer this certificote to sthe obtain-irrorisit on the ond Mental Itronsit orked or then 18 sho orked or then 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M.		Y YEAR	21c. HOW INJURY OCCURR		RY IN ITEM 18	3, PART   OR PART 2)	
DIVISION OF VI NDING PHYSICIAN: I or ottending phys R. After this certifica use as the buriol-troat use as the buriol-troat is early mental Hy is marked or Item 18	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF (AT HOME, STREET	INJURY , FACTORY, OFFICE, FA	RM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
TTEND pitol or propertion of for use of Head		22a.1 certify that (1) this has sow the deceased alive a above, (1) (we) (did) (gird n	11 00	,	Jan. 19	22 , 19 /9 nd that in/m/y) (our) opinion d	to Mar. 22 eoth occurred on the d	ote and h		
		226. SIGNATURE  Martin  226. PHYSICIAN'S NAME (TYPE	- W. J	ones	00	DEGREE  ATTENDING PHYSICIAN  1220 ADDRESS	MEDICAL STA	FF CIAN XX	1	. 23,1979
O HOSPITAL etoined by the TO FUNERAL should be detumined by the with the Committee of the Manager A. T. C.		MARTINU	1. John	S D.	0.	National Nav		Cen	ter, Be	thesda, M
		BURIAL, CREMATION, REMOVA	3/26/79			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	1 :	COUNTY	STATE
BP		Cremation UNERAL DIRECTOR	3/20//	e let	тор	olitan Crem.	Alexand RESURISION	111 a	VITZ	II) I a
DHMH - 16 50M 1/76 (VR A 15 (4) )		NAME	Eunoma I	ADDRESS	Dath.		C. 4. 191.2.			7
	L	Robt. A. Pumphro	ey runeral	nome, I	berne	sua, Ma,				

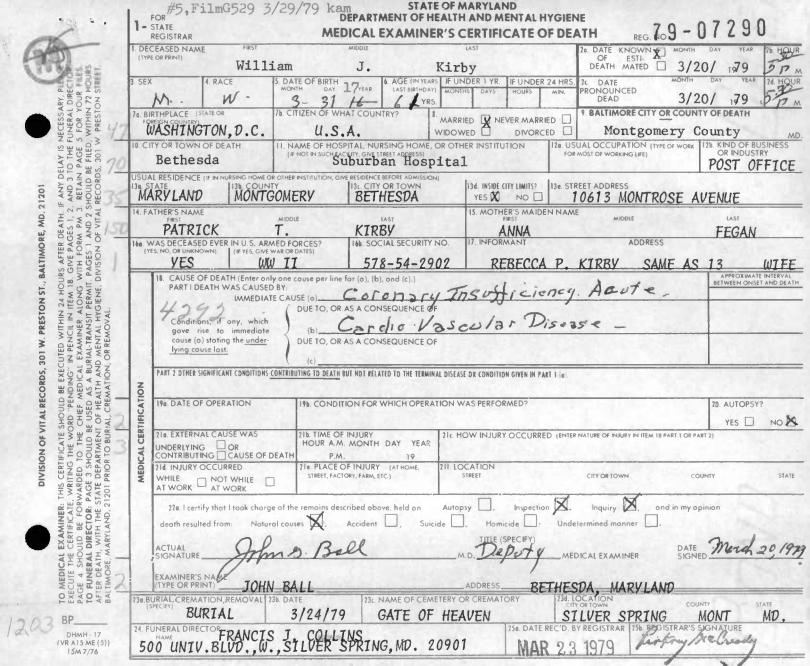
all source tensor legal of level landities phesital S. Carrollina T. S. Carrollina & T. Carrollina S. Carrollina C. Carrolli Participation of the second of

7			STATE OF MARYLAND		
1-	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	79-07288
1 DEC	EASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MO	NTH DAY YEAR 26 HOUR
Jeoth Jeoth	PATRICK	H•	KIGGINZ	MARCH 02-	
3 SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN
5	MALE	CAUCAZIAN	רבּצור בבי בּלַלּפּב	47	YRS
	THPLACE (STATE OR FOREIGN UNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED XXNEVER MARRIED	9. BALTIMORE CITY OR	
0.00		AZU Z	WIDOWED DIVORCED	MONTGON	110.
	BETHESDA	(IF NOT IN SUCH FACILITY, GIVE STREET NATIONAL NA	VAL MEDICAL CEN'	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W RETIRE	ORKING LIFE) 126 KIND OF BUSINESS OR INDUSTRY
e d liser S	LESIDENCE (FNURSING HOME OR TATE NO COUNTY OF THE COUNTY O	OTHER INSTITUTION, GIVE RESIDENCE BEFORE  TY  RFAX  FALLS	CHURCHES XX NO	13. STREET ADDRESS 7119 STRAT	THMORE STREET
14. FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME MIDDLE	
puo XX	STEPHEN	KIĜGI		WIDDLE	Karver
	(AS DECEASED EVER IN U.S. AR	WAR OR DATES)		ADDRESS	
P	YEZ 1954	-1974 203-32-	3823 MARY L. KI		STRATHMORE ST
papers naval. ent, the	18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), one			CHUR CAMPOXIMA ATERVAL
even	PART I. DEATH WAS CAUSE	E CAUSE (D) WIDELY	METASTATIC ADEN	OCARCINOMA	
orr	1990	DUE TO, OR AS A CONSEQUE	NCE OF		
ove roun	Conditions, if ony, which gove rise to immediate	(b)			
cremo	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF		
or of		(c)			
lo bu	PART 2. OTHER SIGNIFICANT (	CONDITIONS <u>CONTRIBUTING TO </u>	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 1(0
ony in	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 2	0b. IF YES, WERE FINDINGS USED
ws on				YESXX NOT	N CERTIFYING CAUSES OF DEATH?
burial-tronsis permit Thei Mental Hygiene prior to b or Item 18 shows any injurial	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	
= -/	OR CONTRIBUTING CAUSE OF DEA		AY YEAR		
	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
rked M	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) STREET	CITY ON TOWN	COORTY STATE
s mo	22a.   certify that ( this hyspi	tal) attended the deceased from	FEBRUARY 241979	, to MARCH III	. 19 79 , that (i) (we) lost
21 is	sow the deceased offe on	MARCH 02 19	79, and that in (my, (our) opinion	death occurred on the date	and hour and from the causes stated
ltem ltem	THE THE	) MP	DEGREE		22c. DATE SIGNED
Z deroc	4 my 1	190	PHYSICIAN	MEDICAL STAFF	ND 312/19
0 1	224 PHYSICIAN'S NAME (TYPE D	ATTENDED TO THE PERSON OF THE	22e ADDRESS		
with the Sto	R. KRASNER	MD	NNMC BETH	EZDA MD 201	014
23a. B	URIAL, CREMATION, REMOVAL	23b. DATE 23c. N	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
	BURIAL	3/6/79 A	RLINGTON NATION		
50M 1/76	NERAL DIRECTOR BUT	Clin ADDRESS	25a D	ARE 08BY RE1979 251	RETUSER SSIS Wellready
5 (4) )	FALLS CHURCH	I FUNERAL HOME	FALLS CHURCH	VA.	

19-07288

STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN Zh. HOUR (TYPE OR PRINT) OF ESTI-6:45PI DEATH MATED 109/ FUNERAL DIRECTOR 5 FOR YOUR FILES D, WITHIN 72 HOUR W. PRESTON STREET 3. SEX 4. RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE FEMAL LAST BIRTHDAY) PRONOUNCED June 2. DEAD 19/ YRS 7b. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY WASH WIDOWED DIVORCED PAGE 5 E FILED, W 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION STYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 0 BOOKKEEPER 3. RETAIN PA VITAL RECORDS, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136. COUNTY 13e STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? YES [ NOXE 14 FATHER'S NAME IS, MOTHER'S MAIDEN NAME 0 MIDDLE MIDDLE LAST FIRST LAST OF VIT SAUNDERS UNKNOWN 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT DIVISION WITH FO (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-07-0431 LLOYD MERLE KINNA SAME AS 13 HILSRAM APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter anly one cause per line for (g), (b), and (c).) HEALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIAL-T lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) MEDIC CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? one BURIAL, YES CRWARDED TO THE C R: PAGE 3 SHOULD BE IE STATE DEPARTMENT C NO 1 BE 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2120 Inspection 22a. I certify that I taak charge of the remains described above, held an Autapsy and in my apinian Inquiry death resulted fram: Hamicide Natural causes Suicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME ROGERS **ADDRESS** 230.BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23r NAME OF CEMETERY OR CREMATORY COUNTY STATE FT. LINCOLN MD. BURTAI BRENTWOOD BP 250. DATE REC'D, BY REGISTRAR WAR 23 1979 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** FRANCIS J. GOLLINS (VR A15 ME (5)) .W. SILVER SPRING MD. 20901 15M 7/77

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME KNOWNXIX O DATE 2b. HOUR (TYPE OR PRINT) OF ESTI-Biscoe DEATH MATED Knott 1979 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. SEX S. DATE OF BIRTH IF UNDER 24 HRS 2d, HOUR 2c. DATE YEAR LAST BIRTHDAY PRONOUNCED :40 PRESTON S 6, 1918 Male White 61 DEAD Feb. 1970 76. CITIZEN OF WHAT COUNTRY? IN BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED Wash. D.C. USA WIDOWED [ DIVORCED Montgomery County FILED. 7 IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Maint . Engineer OR INDUSTRY Takoma Park 510 Domer Avenue, #102 SHOULD # 1 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 13b. COUNTY 13e STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? BALTIMORE, MD. 21201 Maryland Montgomery Takoma Park YES X 510 Domer Avenue, #102 OF VITAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME George Knott MIDDLE LAST Juli a Houseman FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS WITH FO (YES, NO, OR UNKNOWN) 579 16 4214 Fern Knott (Wife) Same as above 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial disease. DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL-TRANSIT OF HEALTH AND MENTAL HYAI, CREMATION, OR REMOVAL Conditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION None 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, E 3 SHOULD BE LE DEPARTMENT OF PRIOR TO BURIAL None NO XX YES ] 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None TIE PLACE OF INJURY (AT HOME III LOCATION 21d INJURY OCCURRED WARDED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 21201 TO MEDICAL EXAMINER: 1
EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORV
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE SI
BALTIMORE, MARYLAND, 21: Autopsy 220. I certify that I took charge of the remains described above, held on and in my opinion Inspection Inquiry death resulted from: Notural causes Suicide Hamicide Undetermined monner TITLE (SPECIFY) 3/12/79 Deputy SIGNATURE MEDICAL EXAMINER 1919 Seminary Road EXAMINER'S MAME John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery, Md. (TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE COUNTY Cremation Ft. Lincoln Crematory Brentwood Md 24. FUNERAL DIRECTOR **DHMH-17** cirpsey/10 Hines/Rinaldi F.H. 11800 N.H. Ave. Silver Spring Mi (VR A15 ME (5)) 15M 7/77

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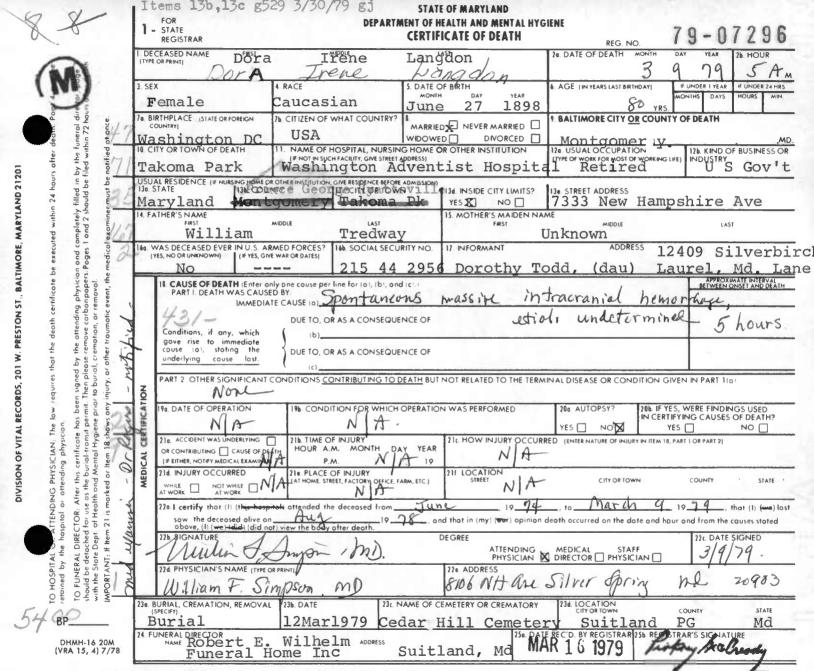
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STATE OF MARYLAND

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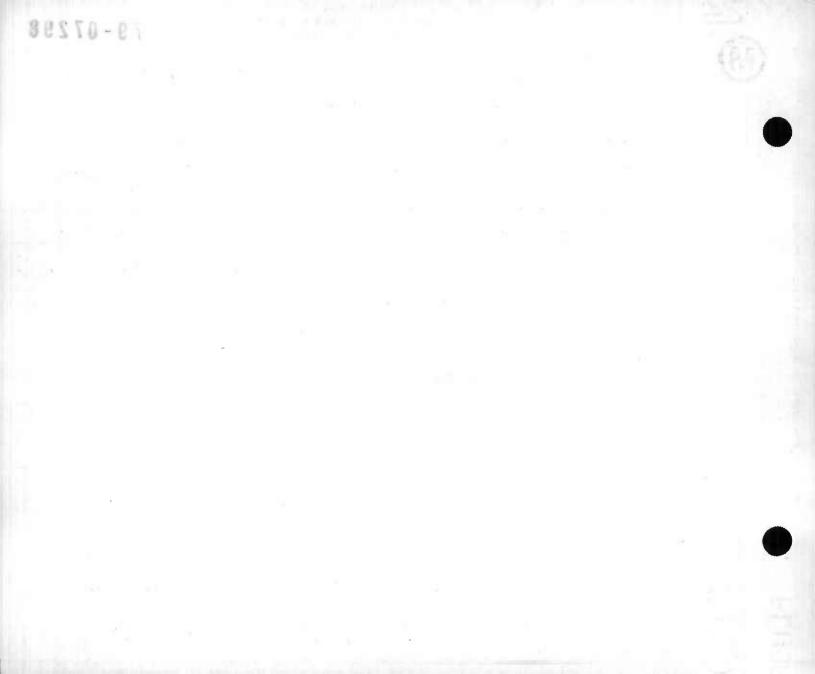
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-07294 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 1 DECEASED NAME (TYPE OR PRINT) Nicha 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF UNDER 24 HRS HOURS 86 Male Caucasian 70. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY COUNTRY U.S.A. York New DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR CITY OR TOWN OF DEATH INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIEE) President DURUAN drk Wholesale USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
135 COUNTY
137 CITY OR TOWN 13. ATREET ADDRESS aul Road 13d. INSIDE CITY LIMITS? Kensington Montgomery Maryland YES ACT NO 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Michael Cunigunda Zickgfaf Krewer 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Marie E. Krewer, same as #13 342-09-801 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), fb., and ics. PART I. DEATH WAS CAUSED BY: ST. IMMEDIATE CAUSE 10 PRESTON AS A CONSEQUENCE O Canditians, if any, which gave rise to immediate cause iai, stating the DUE TO, OR AS A CONSCOUENEE OF underlying cause ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG DIVISION OF VITAL RECORDS, CERTIFICATION 90 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ Mental Hygie 216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) m 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. | certify that (1) (this hospital) attended the deceased from 79 sow the deceased alive on abave, (I) (we) (did (did not) view the hady after death. _, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE MEDICAL STAFF ATTENDING ild be deto the State [ DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS 224. PHYSICIAN'S NAME (TYPE OR PRINT M. 230 BURIAN CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE arkertown Reading, Penna Penna 3/8/79 Burial Forest Hills. Mem. 7 250 PATE REC'D, BY REGISTRAR 250 REGISTRAR'S SONATURE 24 FUNERALPIRESCORT A. Pumphrey Luneral Homes, DHMH - 16 50M 1/76 7557 Wisconsin Ave., Bethesda, MD MAR 2 (VR A 15 (4))

JUL. B. JOYLE, B. OUDLE . H. F. Ablant Lones





4		FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND LEALTH AND MENTAL HYGI ICATE OF DEATH	ENE REG. NO	79-07297
# 3 e		DECEASED NAME FIRST	ACE MA		EACHE		MONTH DAY YEAR 26 HOUR 855 PM
may be r, page	3	SEX PEMALE	4 RACE	5. DATE (	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIRTI	
- Charles	100	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT O	COUNTRY? 8	y 9, 1898	80 9 BALTIMORE CITY O	YRS R COUNTY OF DEATH
1 1 1 1	5	Virginia	USA	, MARRIE WIDOWI	D NEVER MARRIED L	Montgom	
s offer a soffied willed willied	7/1	CITY OR TOWN OF DEATH Takoma Park	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY Washington		ROTHER INSTITUTION Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housewife	WORKING LIFE) INDUSTRY
MARYLAND 2120 ed within 24 hours and 2 should be fill exoquier outsteen	17	SUAL RESIDENCE (IF NURSING NOM BO STATE NO CO		DENCE BEFORE ADMISSION) Y OR TOWN Sh. D.C.	13d. INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 7701 Ga. A	ve., N.W. Apt 407
MARYLA ed within mpletely and 2 sh	01	FATHER'S NAME FIRST  Charles Ho	oltzclaw	LAST	15 MOTHER'S MAIDEN NAM	MIDDLE	Payne
BALTIMORE, I	3"	a WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SO	-0707691B	17 INFORMANT	15301 Pri	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B  NG PHYSICIAN: The low requires that the death certifica ottending physician. for this certificate has been signed by the attending physician is signed by the attending physician streams to be signed by the content of the and Mental Hygiene prior to burial, cremation, or remain than d Mental Hygiene prior to burial, cremation, or remain arterial streams.		Conditions, if ony, which gove rise to immediate couse 10, stating the underlying couse lost.  PART 2 OTHER SIGNIFICAND	DUE TO, OR AS A C  DUE TO, OR AS A C  (b)  DUE TO, OR AS A C  (c)  NT CONDITIONS CONTRIBU	CONSEQUENCE OF JUTING TO DEATH BUT	SANGRENOUS MESENTERIC NOT RELATED TO THE TERMI	THROM BO	25/5 DITION GIVEN IN PART 1(0)
At RECC The low ion.  The has been it permit giene price factors only	2			OR WHICH OPERATIO		200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \text{NO} \)
VOF VITA VOF VITA SICIAN: I Ng physici certificate ritol-transi entol Hygi	1/1	OR COLUMN THE CALLER OF	DEATH HOUR A.M. MO	Y DNTH DAY YEAR 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
IVISION O  VG PHYSIC  offending    fer this cert  is the buriol  h and Ments  rked or Item		OR CONTROL TO CAUSE OF CAUSE O	2 te. PLACE OF INJU (AT HOME, STREET, FACTO	ORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	N COUNTY STATE
ATTENDI ospitol or ECTOR: A of for use 1. of Heal		22a. I certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did) (22b. SIGNATURE		14 1979 , or	TULY , 19 67 and that in (my) (our) opinion d		te and hour and from the causes stated
the process of the pr		Love	the Kriel	ma	MAS. ATTENDING PHYSICIAN	MEDICAL STAF	MARCH IS 19th
TO HOSPITAL retoined by the TO FUNERAL should be detined with the Stote MARCHALL	1	22d PHYSICIAN'S NAME (TY	L. KRICHI		<u> </u>		D.C. 20012
BP		Burial, Cremation, Remove Burial	Mar. 17,79	Washing	ton National		, Prince George, Md.
DHMH - 16 60M 1/75 (VR A 15 (4))		i funeral director lines/Rinaldi Fi		00 New Han	•	MECP 9 1999	256. RESTRAC'S SIGNATURE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-07299 CERTIFICATE OF DEATH Middle DECEASED-NAME First Last 2a. DATE OF DEATH (Type or print) Edith Leonard LeCompte 5. DATE OF BIRTH 11/7/1883 6. AGE (In years 4. RACE IF UNGER I YEAR Female last bighty) White nor. 7 1883 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED countmaryland U.S.A. Montgomery WIDOWED DIVORCED 11. NAME OF BOSKIDAD SOUND DOOR DE DE SOUDE 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR TTT OFESS) Deer Park Dr. during mast of working life, even if retired.) Schools Montgomery 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 117 E. Deer Park Dr. 13h COUNTY Montgomery Gaithersbur 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Mills Maria James Leonard 16b. SOCIAL SECURITY NO. 17. INFORMANT daughter-in-law Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? same 220-32-6223 Mrs. G. Edward LeCompte, Jr., (Yes no or unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, permit. 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO L YES 🗍 UNDERLYING T 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natity medical examiner) 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED City or Tawn Stale County While Not while of wark causes stated above, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 226 SIGNATURE ATTENDING PHYS. MED. DIRECTOR humacher DEGREE 又 3-23-79 22e. ADDRESS PHYSICIAN'S 20760 NAME (Type) JACK SCHUMACHER, M. D? 105 Russell Avenue, Gaithersburg, Md. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE (County) (State) REMOVAL (Specify) Cambridge Cemetery Cambridge, Dorchester Md ADDRESS 308 High Stasa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Curran Funeral Home Cambridge, Md. (VR A15 (4))

STATE OF MARYLAND

63310-31 -117 1. Deer Dark Dr. Cenduer The state of the s u ny L. Deer lark Dr. Mirriand - controllery - Colthurstor .J sinBN brancel ... T - same b Pinter All Mrs. C. Edward LeCompte, Jr., 13 e. Joseph Committed and the state of the state Cart and Language and Aller and Cart an

MPORTANT: If Nem 21 is marked or Nem 18 shows any injury, or other traumatic event, the medical examiner must be notified at ance.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENT

79-07300 AL HYGIENE

256. DATE REC'D. BY REGISTRAR 256. REGISTRARS SKALLER

i	1-	FOR STATE REGISTRAR			OF HEALTH AND MENTAL H	YGIENE 7 9	-07300
		CEASED NAME FIRST BE		en -	LAST	20. DATE OF DEATH MONTH	24 79 320 AM
	3. SE	X	4 RACE		ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	MONTHS CLAYS HOURS MIN.
		Male	Orienta		1905 YEAR	73 YRS.	MONTHS UATS HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	RRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OFDEATH
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1	5m, mr	(IF YES, GIV	E WAR OR DATES)	577-58-7716	Yuk L. Lee	(Daughter-in-law)	Same as # 13
	>	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost	(b)	AS A CONSEQUENCE C	ocardial Ing	acetras Probably	3/24/79 3/23/79 3/22/79
2	CERTIFICATION	190 DATE OF OPERATION	196. CONDI	TION FOR WHICH OPERA	ATION WAS PERFORMED	200 AUTOPSY? 206. IF YES	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \( \text{NO} \)
9	EDICAL CEI	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A./	m. MONTH DAY YE m.	19	URRED (ENTER NATURE OF INJURY IN ITEM 18, P	ART 1 OR PART 2)
	MED	WHILE NOT WHILE AT WORK	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FARM, ETC	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		22a I certify that (I) (this hosp saw the deceased alive ar obove, (I) (we) (did) (did no	3/2	19 19	, 19, 19, ond that in (my) (****) opini	on deoth occurred on the dote and hou	19, that (1) (we) lost ir and from the couses stated
		22b. SIGNATURE			DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED 3/24/79
1		22d. PHYSICIAN'S NAME (TYPE O		EAGUL, US	22e ADDRESS 7425 AR	LINGTON RD, BE	THESDA, MD
	- 43	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME	OF CEMETERY OR CREMATOR	Cometery, Suitlar	COUNTY STATE
		hirial	Mar.27	.1979 Washi	ngton National	Ligmetery, Suitlan	nd, Maryland

J. Wm.Lee's Sens Co. 300-4th St., NE, Wash., D.C.

DHMH - 16 50M 7/77 (VR A 15 (4))

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J. 7. Jee's Sons . 300-4th St., 33,7 sh., D.C.

I for a

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-Mar 29 Alexander Leggin 4 RACE 6. AGE (IN YEARS 2d. HOUR 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 3. SEX DATE LAST BIRTHDAY) PRONOUNCED 7:45A male white Mar 29 Dec. 29 1914 64 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? MARRIED DEVER MARRIED FOREIGN COUNTRY) Penna. .S.A. DIVORCED Montgomery WIDOWED FILED, V OCCUPATION (TYPE OF WORK 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS Deepwell Drive OR INDUSTRY Bethesda Self-Employed BE RECORDS, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 130 STATE 136. COUNTY 13c. CITY OR TOWN 7905 Deepwell Drive Montgomer Bethesda NO VITAL I 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME FORM PM MIDDLE FIRST OF VIT Hardisohn Charles Anna ILL SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (YES, NO, OR UNKNOWN) ( F YES GIVE WAR OR DATES) PAGES Yes WWll Gloria Leggin. Wife. Same as item CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cardio vascular disease IMMEDIATE CAUSE (a)-DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [a] CERTIFICATION CREM, 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF PRIOR TO BURIAL, C OF YES [ NO [ 21g EXTERNAL CAUSE WAS 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED In PLACE OF INJURY III. LOCATION LAT HOME. AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: FATER DEATH, WITH THE S BALTIMORE, MARYLAND, 21 and in my opinion 22a. I certify that I tapk charge of the remains described above, held an Autopsy Inspection Hamicide TITLE (SPECIFY ACTUAL SIGNATURE EXAMINER'S NAME John G. Ball 7936 Old Georgetown Rd., Beth., Md. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE Gate of Heaven Cemetery Silver Spring, Burial JOSEPH CAWLER'S SONS INC. 24. FUNERAL DIRECTOR **DHMH-17** NAME 8130 WISC. AVE., N. W. WASH., D. C. 20016 (VR A15 ME (5)) 15M 7/76

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 0. DATE KNOWN (TYPE OR PRINT) OF ESTI-StaPhan. W. 6. AGE (IN YEARS IF UNDER 24 HRS. 3. SEX DATE LAST BIRTHDAY PRONOUNCED Male 3/1/13 Caucasian 6.6yrs 76. CIT EN OF WHAT C UNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Virginia DIVORCED D. CITY OR TOWN OF DEATH OR OTHER INSTITUTION 11. NAME OF HOSPITAL, NURSING HOME. OR INDUSTRY Hospital Mechanic U.S. Gov't. JSUAL RESIDENCE (IF IN NURSING MOME OR OTH 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 136 COUNTY 13c. CITY OR TOWN Montgomery Kensington 4102 Knowles Avenue laryland YES X NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE Charles Lohr Elizabeth Bowen 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS 160, WAS DECEASED EVER IN U.S. ARMED FORCES? WWII 216-07-4360 Yes Sarah R. Lohr. same as #13 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Carolle Vascular Disease gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 20. AUTOPSY? DEPARTMENT OF PRIOR TO BURIAL, C YES 🗌 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH IF LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE NOT WHILE and in my apinian 22a. I certify that I taak charge of the remains described above, held an Autopsy death resulted fram: Hamicide Undetermined manner PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V Bethesda. John G. Ball, M.D. ADDRESS 7936 01d Georgetown Rd. 23¢ NAME OF CEMETERY OR CREMATORY 3/25/79 Metropolitan Crematory Cremation Alexandria 24 FREEDLEST CORA. Pumphrey Euneral Homes, P. A. DATE REC'D. BY REGISTRAR VR A15 ME (5)) 7557 Wisconsin Ave., Bethesda, MD 15M 7/76

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Los Dunas Jalesa 300 bin, C. E.E. Washerson D.C. Washington

## CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME MIDDLE 2n DATE OF DEATH (TYPE OR PRINT) Dorothy LORD March 3 SEX 4. RACE 5. DATE OF BIRTH Female Caucasian Feb. 10 79. BIRTHPLACE STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Maryland LISA DIVORCED WIDOWED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION National Naval Medical Center Bethesda Manager Mary and Montgomery Rocky I I e 13e STREET ADDRESS 14 EATHER'S NAME 15. MOTHER'S MAIDEN NAME John Grimes Claudia 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (XES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219 14 8395 Orrin Lord See item 13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART | DEATH WAS CAUSED BY Metastatic carcinoma of the colon DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 DIVISION OF VITAL RECORDS, 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? YES 🔀 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART | OR PART 2) 21 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21f. LOCATION 21d INTURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN WHILE NOT WHILE 22a. I certify that (1) (this haspital) attended the deceased from Eah 79 _19___79__, and that in/m/s) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE should be detac MEDICAL PHYSICIAN DIRECTOR PHYSICIANXX 22d. PH SICIALS NAME (TYPE OF PRINT) 22e ADDRESS James K. O'Donnell, M. D. 23d. LOCATION 23g. BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23h. DATE 3-12-79 Burial

- STATE

REG. NO

1979 4:30P M AGE (IN YEARS LAST BIRTHDAY)

BALTIMORE CITY OR COUNTY OF DEATH

Montgomery

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

Fabric store

1402 Coral Sea Drive

King

ADDRESS

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

YES X NO F

COUNTY STATE

Mar. 9.1979

22r. DATE SIGNED

National Naval Medical Center, Bethesda, Md.

Rest Haven Cemeterv Frederick Frederick 24 FUNERAL DIRECTOR C'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Robert A. Pumphrey Funeral tome, Rockville, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 50M 1/76 (VR A 15 (4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED SEX DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS. DATE LAST BIRTHDAY PRONOUNCED DEAD To BIRTHPLACE (STATE OR RALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY WEST VIRGINIA U.S.A WIDOWEDXXX DIVORCED 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION KIND OF BUSINESS OR INDUSTRY TECH V.A. USUAL RESIDENCE (IF IN N 13a. STATE 13d. INSIDE CITY LIMITS? YES 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST ARNETT LOVE IDA WEAVER 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) SON 232-03-8019 DAVID A. LOVE SAME AS 13 YES WW II 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL one YES NO T 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING 0 CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted from: Natural causes Accident Hamicide L Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATIME EXAMINERS NAME TOHN S ROGERS ADDRESS 1919 SEMINARY ROAD SILVER SPRING MD. 230. BURIAL, CREMATION, REMOVAL 236. DATE 3/19/79 GATE OF HEAVEN 23d. LOCATION STLVER MONT 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5)) 15M 7/77

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		TY OR TOWN		11. NAME OF HOSP	ITAL, NUR	SING HOME, OR			12a USUAL C	CCUPATION (	TYPE OF WORK	12b. KIND OF BU	USINESS
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	USU			R OTHER INSTITUTION, GIVE	RESIDENCE E	BEFORE ADMISSION) OR TOWN		CITY LIMITS?	13e. STREET A	DDDESS			
5		arvland		romerv		ver Spri				Northwe	st Ter	race	
4	14. F/	THER'S NAME		WIDDLE		AST		HER'S MAIDE	NNAME	WIDDLE	00 404	LAST	
6	L	evi Lam	burn	MIDDLE		A31	R	uth Ju	idson	MIDDLE		CASI	
	16a. V	VAS DECEASED	EVER IN U.S. ARA	MED FORCES?		IAL SECURITY NO	17. INFOR			ADDRE 2	OS Nor	thwest	Townso
	_N				577-	-22-8997	Mrs.	Phy11	lis C.			Sprine.	MA
		18 CAUSE OF	F DEATH (Enter and	y ane cause per line f	ar (a), (b),	and (c).)		In Figure			TIVEL	APPROXIMAT BETWEEN ONSE	E INTERVAL
	103	1 AKT T DE	IMMEDIAT	E CAUSE (a) AC			l disea	ase			Total Villa		
	- 1	1/condition	is, if any, which			SEOUENCE OF							
		gave ris	e ta immediate			sclerot	c card	iovasc	ular di	sease.		16 yr	s.
		lying caus	stating the <u>under</u> - se last.	DUE TO, OR A	S A CONS	SEQUENCE OF							
	10	BART 2 OTHER CIE	ENICICANT CONDITIONS	(c) Contributing to death bu	T NOT BELLEY	ER YO THE TERMINAL							
	Z	THAT I OTHER SIG	MINICANT COMPITIONS	CONTRIBUTING TO DEATH BE	I NUI KELAII		SEASE OK COMOILI	ION GIVEN IN PAI	KT 1 (a).				
	ATIC	190. DATE OF	OPERATION	19b. CONDITIO	ON FOR W	None VHICH OPERATIO	N WAS PERFO	RMED?				28 AUTOPSY	2
2	IFIC	Non	0	THE PERSON								YES 🗆	NO XXX
3	CERTIFICATION	210 EXTERNA	L CAUSE WAS	21b. TIME OF I		2	. HOW INJUR	Y OCCURRE	D LENTER HATURE	OF INJURY IN ITEM	18 PART 1 OR PAI		NO WIX
		UNDERLYING CONTRIBUTIN	OR CAUSE OF D	HOUR A.M.	MONTH	DAY YEAR	N	one					
	MEDICAL	21d. INJURY O	CCURRED	21e PLACE OF		(ATHOME, 21	LOCATION		Amu	OR TOWN		UNTY	STATE
	2	AT WORK	NOT WHILE C	]	, rakm, e10	/	STREET		CITY	OK TOWN	COL	UNIT	STATE
		22a. I certif	y that I taak charae	e of the remains descr	ibed abav	e, held an A	etapsy .	Inspection	XX Inc	ouiry .	and in my ap	pinian	
		death resulte		(FE)	Accident	Soiside		nicide .	Undetermin	,	],		
				700	2/	1/		(SPECIFY)		1111			
		ACTUAL SIGNATURE_	1	that	(/	(091	De De	puty	MEDICAL	EXAMINER	DATE	D 3/30/7	29
2		EXAMINER'S I	NAME		a light	_/			Seminar	•			
		(TYPE OR PRIN	IT) John	S. Roger			ADDRESS.			ig, Mont	tgomer	y, Md.	
	(5	PECIFY)		36. DATE		AME OF CEMETE			23d. LOCATI	MN	COUN		TATE
		rematio		03-31-79		rt Linco		latory	Bren	EWOOd,	P. G.,	Marylar	nd
				Rinaldi				25a. CA 15	RZ 19	19 256. RE	CISTRAK S S	Cresoly	1
	L L.	LOUU Ne	w nampshi	ire Ave.,	SITVE	er opring	. DM.						

DHMH - 16 50M 7/77 (VR A 15 (4))

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FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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7	J	-	U	-	J	-	

	1.	STATE REGISTRAR				CERTIF	CATE OF DEATH		REG. N	0. 7	9 - 07	3   3
		CEASED NAME OR PRINT)	FIRST	14 = /	MIDDLE	· ·	AST	20. DATE	OF DE ATH	MONTH	DAY YEAR	2b. HOUR
			gare	t E	•	Ly	nch	Mar	ch 11	. 19	79	5:15 ^P _M
	3. SE	X		4 RACE		5. DATE O		6 AGE (II	N YEARS LAST BIR	THDAY)	MONTHS DAYS	
	F	emale	ALC:	Cauca	sian	Jan		9.4	81	YRS.	MOITINS DATS	Mar.
Dir		IRTHPLACE (STATE OR FORE	EIGN	b. CITIZEN OF	WHAT COUNTRY?	8 MARRIET	NEVER MARRIED	9. BALTIA	NORE CITY	R COUNT	Y OF DEATH	
375		onnecticu	t	U.	S. A.	WIDOWE	DIVORCED [	Mon	tgome	ry C	ounty.	MD.
4	10 C	ITY OR TOWN OF DEATH	Н		HOSPITAL, NURSIN		ROTHER INSTITUTION	12 Lau	HOLE TO	ION DE WORKING I		OF BUSINESS OR
EOC	В	ethesda			laple Av			Sup	ervis	or	Navy	Hosp.
t pe	USU.	AL RESIDENCE (IF NURSIN	G HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?		ET ADDRESS			
J. Car		aryland		tg.	Bethes		YES X NO	470	9 Map	le A	venue	
ine	_	ATHER'S NAME		UDDIE	LAST	- 0	15. MOTHER'S MAIDEN NA	AME	MIDDLE			
\$ 50		Thomas		NODLE	Hoar		Margare	t	WIDDLE		Harrin	igton
CO		WAS DECEASED EVER IN		AED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT	September 1	4707	ss Map	le Ave	enue
med		No	ir tes, Give	WAR OR DATES	578-24-	8585	John M. L	ynch,				
÷ ÷		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY										XIMATE INTERVAL
vent	13.			Ó BY E CAUSE (a)	CAR	DIA	a ARRA	5				STANT
motic	Conditions, it ony, which (b) AR +FR 105C LAR =>13 -020 AGE										2	
ather trauma		Conditions, it ony, a		(b)	AR:	TEB	1020PUSG	717	-02	0 146	~ D	412
her		cause (a), stating underlying cause		DUE TO, O	R AS A CONSEQUE	NCE OF						
ar at	М.			( (c)								
iory.	z	PART 2 OTHER SIGNI	FICANTC	0			ANG MI	MINAL DISE	ASE OR CON	DITION GI	VEN IN PART 1	(01
,	CERTIFICATION							20a. AL	JTOPSY?		S, WERE FIND	
2	IFIC			A YAME				YES	NOW [		IFYING CAUSE	S OF DEATH?
S S S	ERT	21a. ACCIDENT WAS UNDER	RLYING	21b. TIME O	FINJURY		21c HOW INJURY OCCUP		- 4			
E 7		OR CONTRIBUTING . CA			M. MONTH DA							
marked or Item 18	MEDICAL	(IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE		P. 21e. PLACE		19	21f. LOCATION		5			
ped	ME	WHILE NOT WHILE	E []	(AT HOME, STI	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	STATE
mar	0.0			al) ettendedath	e deceased from	Jan	17, 79	10	farch	11	79	, that (1) (we) last
2.		22a. I certify that (I) (t saw the deceased	alive an		10	/9 , ar	d that in (my) (aur) opinion	death accu	rred an the d	ate and ho		
em 2		abave, (1) (we) (dic	d) (did nat	view the bady	after death.		DEGREE				22c. DAT	E SIGNED
±			2/	1 000	12mm	201	ATTENDING	MEDICA			7 ,	10 70
Z	(	22d PHYSICIAN'S N	L ITYPE OF	PRINTI	V VIII V	11	PHYSICIAN -					12-79
MPORTANT: If Hem 2			1						scons			114
MA -	22-	Leo I. BURIAL, CREMATION, RI		23b. DATE	172c N	JAME OF C	EMETERY OR CREMATORY	thesd	a IVIA	Гута	nd 200	114
	230	(SPECIFY) Buria		3-14				CII	TY OR TOWN	11-	COUNTY	STATE
- 7	74 E						105 00 4		y REGISTRAR		Maryl:	
7		NAME	OBEI		PUMBHRE		ERAL MANT	2 2 1 1	070	Pint	Roll	
		IOMES. P.	A	bethe	sda, Mai	ylar	id mrii	· WI	7/3	8 miles	- JIII	to olat

79-07313				
Carecall, 1970				STR. YEL
	8051 .7.	get.	tral gapus)	Female
Your caser County Laundry So try Leer Warn Los				Impirocuja)
4709 Septe Avenue				ion Santvita
University to a 4707 to a 2001 to a	oungung			es Jay
3-12-29 18 Wisconsin Avenue 19 Sept. Parriand 20014				nou .i eal
naivro le l'arvien de		HERE YEAR	MININE TO	HOLES, I. A.,

15M 7/76

STATE OF MARYLAND

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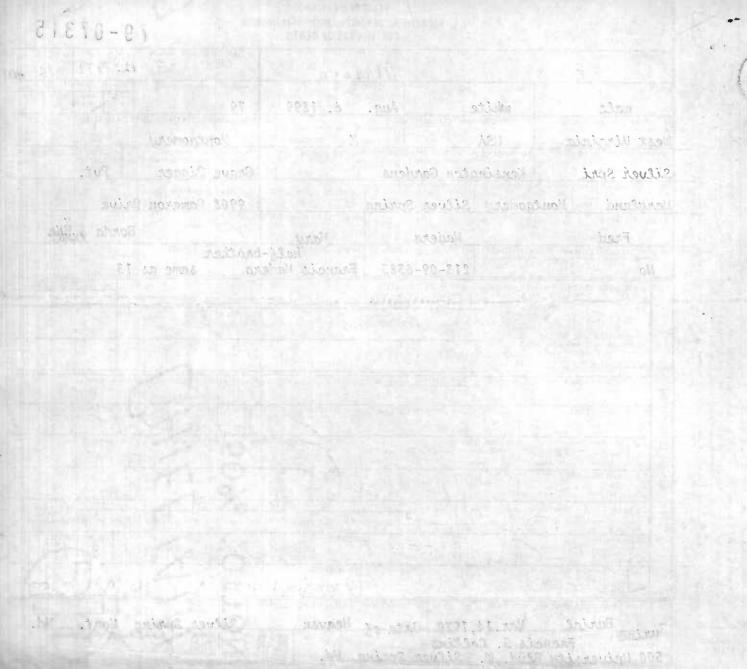
## STATE OF MARYLAND

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ナ	1-	FOR STATE REGISTRAR		CERTIFICATE OF DEATH  REG. NO. 79-07315								
		CEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY		2b. HOUR	
	Fr		ank			Ma	dera		3-10	- 1979	12 AM	
	3. SE:	х	4.1	RACE		5. DATE OF BIRTH MONTH DAY YEAR		6. AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN	
29.		male		white		Aug.	6, 1899	79	YRS.		MIN	
91		IRTHPLACE (STATE OR FO	REIGN 76.	CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	FDEATH		
10		st Virginia		USA		WIDOWE		Montgon	nery		MD.	
90	JK	ensington	1	Kensin	aton Gara	dens_	PROTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST Grave Digo	OF WORKING LIFE)	Put.	BUSINESS OR	
35	May S	ryland	Monta		130 CITY OR TOW Silver	/N		13e. STREET ADDRESS 9908 Dame	ron Dri	ive		
150		Fred	MIDE		Madera		15 MOTHER'S MAIDEN NA/ FIRST  Mary	MIDDLE		rda B	KAN.	
1	E		(IF YES, GIVE WA		166 SOCIAL SECU		17. INFORMANT half-		A. 1733	7/4 100	200	
		No			213-09-6	385	Francis Made	ro san	ne as 13		MATE INTERVAL NISET AND DEATH	
	CERTIFICATION	Conditions, if any, gove rise to imm cause iol, stating underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERAT	lost.	DUE TO, OI		ENCE OF	NOT RELATED TO THE TERM  N WAS PERFORMED	INAL DISEASE OR CON	20b. IF YES, W	VERE FINDIN	GS USED	
7	Ī							YES NO	YES [		NO [	
9		21g. ACCIDENT WAS UND OR CONTRIBUTING C   IF EITHER, NOTIFY MEDICA	AUSE OF DEATH	P.	M. MONTH D M.	AY YEAR						
	MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE 🗀	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
		sow the decease above (1) we) (d					nd that in (my) (our) opinion o	deoth occurred on the c	lote and hour a	nd from the c	V	
1	N.	22b. SIGNATURE		Me	MA			MEDICAL STA	FF CIAN 🗌	3/12	179	
1		JOEL C	ME (TYPE OR PR	INT)			470/ RANdo	FRd. Rock	Kuille, S	MJ 2	0853	
	23a. E	BURIAL, CREMATION, I	REMOVAL	23b. DATE	23ε.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	(0	UNTY	STATE	
	D	Buria	e h	Mar. 14	1979 G	ite of	Heaven	Silver S	pring	Manta	Md.	
					ollingess	-50 00	168,20	E REC'D. BY REGISTRAL	PAREGISTRA	B/S/SIGHTALE	wely	
	50	00 Univers	ity Blu	id. W.	Silver	Sprin	g. Md.				1	

DHMH - 16 50M 7/77 (VR A 15 (4))

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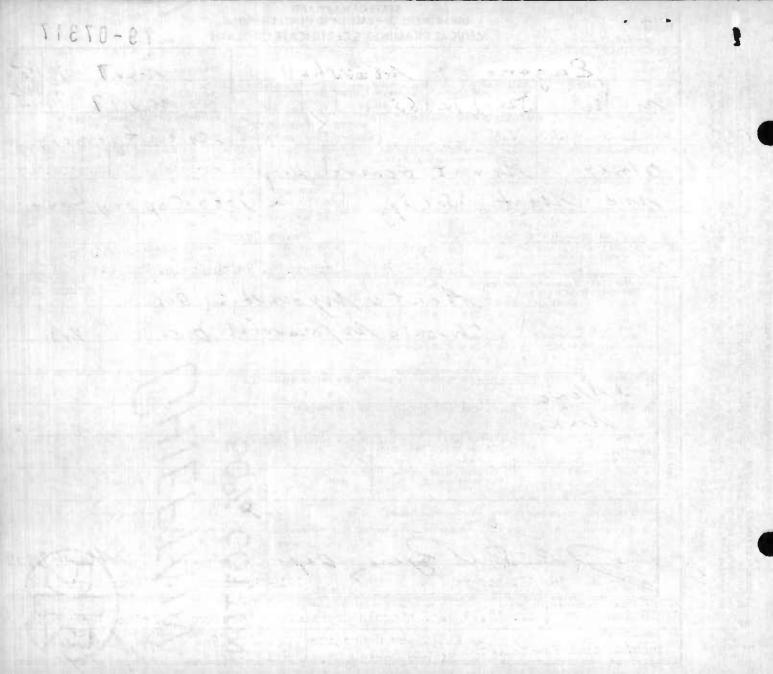


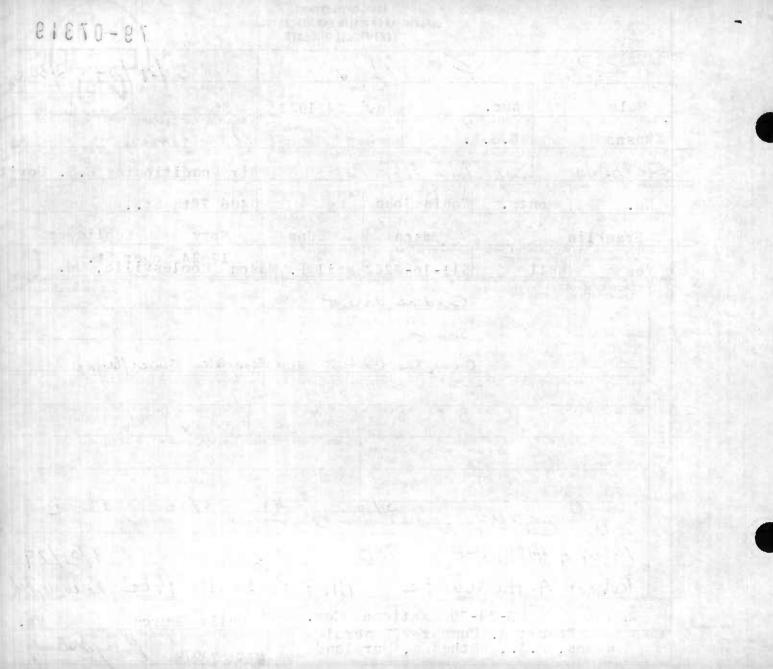
U/A	1	Item #18c Film	G529 3/22/79 re	STATE OF MARYLAND		21016
N. W.	11.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE	79-07316
	L	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
(X.		CEASED NAME FIRST	WIDDLE	LAST	to brite or berini	MONTH DAY YEAR 26. HOUR
(NA ) 11		Grace	Ma	irquard+	Fe	b 16 79 130 M
No.	3. SE:		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	10	F	White	12 17 23	55	YRS
1 1 10	7a BI	RTHPLACE (STATE OR FOREIGN DUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH
1 1 1		est. Va.	USA	WIDOWED DIVORCED	Monta	omery Co. MD.
he fied with	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OF OTHER INSTITUTION	12a USUAL OCCUPATION	ON VE KIND OF BUSINESS OR FWORKING LIFE) INDUSTRY
10 soft filed		ver Spring/	HOLY C	FOSS	house wi	
D 21201 4 hours of the by ld be file	USU/ 130 S	AL RESIDENCE (F NURSING HO AE COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE TO THE PROPERTY OF TO STATE OF THE PROPERTY OF THE		13e STREET ADDRESS	
LAND nin 24 ly fille should	Ma	aryland Pr.	GeorgeBerwyn		8504 Paxt	ton Court
¥ 2¢ ₹	14 FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	IASI
MAR ed w	4	Charles	C Clark	Matilda A	Agnes Bost	
od co		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC		Husband	SS
IMOI Poge		no	234-34	-7326 EDward M	Marquardt	(same as #13 a)
BALT rcote k hysicio oopers ovol. nt, the		18 CAUSE OF DEATH (Enter of	only one couse per line for (o), (b), o ED BY:		1.100	APPROXIMATE PATERIAL BETWEEN CHOSET AND DEADS
Trific rhiftic phy on po emov			ATE CAUSE (O)	achionie	scoperal	orydrelius a day
DN S h cer ding or re		7/02	DUE TO, OR AS A CONSECU	SENCE OF		7-11
RESTON deoth ottendi		Conditions, if ony, which	( (b) COA	D, cos Aul	mona	6
ox 0 0 € 0 ±		gove rise to immediate couse (a), stating the	DUE TO, OR PEONSED	JENCE Byndrome	0.	
that the by the sose read, crem		underlying couse lost	( 61RQ	venis my	rdson	0
n ple	1	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	INAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
of the same	CERTIFICATION	CALL THE S				
ow re	N S	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
a do da do do	E				YES NO	YES NO
ON OF VITA  IYSICIAN: The ding physicic of the	7	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			RRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2
SICIA SICIA ng pl certif priol-t	MEDICAL	IF EITHER, NOTIFY MEDICAL EXAMINE	AIR	19		THE RESIDENCE OF THE PARTY OF T
PHYS endin this c e bur d Me	(ED)	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM. ETC.) 211. LOCATION	CITY OR TOW	VN COUNTY STATE
NI Officer officer shapes	12	AT WORK AT WORK		11.1	0.	
L Se eol			pital) attended the deceased from	2/14 19/	9, to a //	9 , 19 7, that (1) (we) lost
R ATTER hospitol RECTOR red for upt. of H	15	sow the deceased alive o	n 2 19 19 19 19 19 19 19	and that in (my) (our) opinion	death occurred on the do	ote and hour and from the couses stated
Dep the	15	22b. SIGNATURE		CECHEE		22L DAY SIGNED
AL O AL D detoo		XX O	eules		MEDICAL STAF	
SPIT NER NER De Str		228. PHYSICIAN'S NAME (TYPE	OR PRINT)	ADDRESS	Comboo	2 N100
TO HOSPITAL OF FUNCTION OF THE PROPERTY OF T		Tra 10	aubes MI	7908	2) (182)	0 W 2090)
5 € 5 € ₹ ₹ <del>₹ −</del>	23o. E	BURIAL, CREMATION, REMOVA	L 23b. DATE 23e	NAME OF CEMETERY OR CREMATORY		ria. Variv. STATE
BP	(	specify Cremation	2/1///9 M	etropolitan Cremat	ory Arexand	Lia, var.
DHMH - 16 50M 7/77		UNERAL DIRECTOR	45			25b. REGISTRAR'S SIGNATURE
(VR A 15 (4))	WE	rner E Pumphre	BY F.H. ROV D.	Bye Md.	FR 26 1979	broker-homeonogi

79-07316

Granation 2/17/20 Setronolisan Granatory officence to 7a..

13-		1 -	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
10			STATE	07317
×		1.00	REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO. 9 1  CEASED NAME FIRST MIDDLE LAST 120 DATE KNOWN 25 MONTH	01311
			70. DATE KNOWN O MONTH	DAY YEAR 26. HOUR
	ARY, PLEASE AL DIRECTOR. YOUR FILES. N 72 HOURS TON STREET,		Eugene Grant Marshall DEATH MATERIAL	1979 AM
	PLE. FCT. FILL HOI HOI	3. SEX	4 RACE () 5. DATE OF BIRTH 6. A C (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 20. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	DAY YEAR 24 HOUR
	ARY, P LL DIREC YOUR N 72 H TON SI	1		7, 19/9 AM
	SSAI RAL		MAY 8, 1913 65 YRS.  DEAD MEY CA.  THE CHILDREN OF WHAT COUNTRY?  SECON COUNTRY)  B. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNT  SECON COUNTRY)	Y OF DEATH
	NECESSA FUNERAL FOR Y PHESTO		ashington, D.C. USA WIDOWED DIVORCED X 1 6 n 6 9	h Mes V MD.
	SHITE	10. C	ITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WALL)	12b. KIND OF BUSINESS OR INDUSTRY
	P O T	18	Olner (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Selfemployed	Construction
	TAIN JID TORDS		AL RESIDENCE (IPM NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	30115010001
21201	AZ # O U J J	13a. S	STATE 1 13b. COUNTY 1 13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS! 13c STREET ADDRESS YES NOW! 100 D CAN /	1
	2. A 3. F 2. SHC	14 5	ATHER'S NAME  15. MOTHER'S MAIDEN NAME	y -ene
MD		14.17	FIRST MIDDLE LAST FIRST MIDDLE	LAST
a,		14- 1	Reuben Marshall  WAS DECEASED EVER IN U.S. ARMED FORCES?  166 SOCIAL SECURITY NO. 17. INFORMANT  1200 FDD9655	
WO	S S S S S S S S S S S S S S S S S S S	100 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES?  166 SOCIAL SECURITY NO. 17. INFORMANT 12005 Whiteha	ll Dr.
BALTIMORE,	A ≥ H O S		Yes   WWII 578-07-2090   Barbara M. Smith Bowie, Maryla	and 20715
	OURS 18. G 11. PA		18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N ST.	N 24 HO LITEM 1 ALONG PERMI GIENE,		IMMEDIATE CAUSE (0) toute Myourd is Dis	
W. PRESTON	AL ALC		4-29/ DUE TO, OR AS A CONSEQUENCE OF	
oc a	ENCIL IN AMINER TRANSIT ENTAL HY		Conditions, if ony, which gave rise to immediate (b) Chronic Myocardial Disc	1/5.
*	PENC AMIR ENT.		couse (a) stating the under-	
0.0	E X X X X		lying couse lost.	A THE ATTENDED
S, S	XEC G". BU ANK	136	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
DIVISION OF VITAL RECORDS, 301	"PENDING" IN "PENDING" IN "IEF MEDICAL E SED AS A BUR! F HEALTH AND I	N	Non	
A E	PEN	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
TAL	RD "NOE	FE	Nano	YES NO NO
- Z	S CERTIFICATE SHOURTH WORD TRING THE WORD TO THE CHIESE 3 SHOULD BE US TO DEARTMENT OF THE PRIOR TO BURIAL,	ER	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PAR	
OZ	THE THE TO THE TO BUILD		UNDERLYING QOR HOUR A.M. MONTH DAY YEAR	
Sio	RTIF IG T SHC PAR OR	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 21f. LOCATION	
N IVI	RITING RETING REDED SE 3 S FE DEP	WE	WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC.)  STREET STREET CITY OR TOWN COU	INTY STATE
2070	R: THIS C TE, WRIT DRWARD P: PAGE S: STATE (	1		
		1.2	22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry . Inquiry . Inquiry .	inion
	L EXAMINE E CERTIFICA OULD BE FF L DIRECTOR H, WITH THE MARYLAND,		death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,	
4-1	EXAM CERTIF ULD BE DIREC WITH ARYLA		TITLE (SPECIFY)	A Committee of the Comm
	MA MA		ACTUAL SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE	March 7/979
	MEDICAL E COTE THE E 4 SHOU FUNERAL FR DEATH, FIMORE, M.			
			John S. Rogers 1919 Seminary Rd. Silver	Spring, Md.
	TO PAGE TO FEE	23a.B	URIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	
	BP	Cre	Mar. 10,79 Ft. Lincoln Crematory Brentwood, Prince	George, Md.
11	DHMH - 17	24. FI		IGNATURE.
4-2	(VR A15 ME (5))	Hi	UNERAL DIRECTOR ines/Rinaldi Funeral Home Silver Spring, Md.   1250, DATE REC'D. BY REGISTRAR 23 1979   1254, DATE REC'D. BY REGISTRAR'S BILLIAN SILVER SPRING, Md.   1250, DATE REC'D. BY REGISTRAR'S BILLIAN SILVER SPRING, Md.   1250, DATE REC'D. BY REGISTRAR'S BILLIAN SILVER SPRING, Md.   1250, DATE REC'D. BY REGISTRAR'S BILLIAN SILVER SPRING, Md.   1250, DATE REC'D. BY REGISTRAR'S BILLIAN SILVER SPRING, MD.   1250, DATE REC'D. BY REGISTRAR'S BILLIAN SILVER SPRING, MD.   1250, DATE REC'D. BY REGISTRAR'S BILLIAN SILVER SPRING, MD.   1250, DATE REC'D. BY REGISTRAR'S BILLIAN SILVER SPRING, MD.   1250, DATE REC'D. BY REGISTRAR'S BILLIAN SILVER SPRING, MD.   1250, DATE REC'D. BY REGISTRAR'S BILLIAN SILVER SPRING, MD.   1250, DATE REC'D. BY REGISTRAR'S BILLIAN SILVER SPRING, MD.   1250, DATE REC'D. BY REGISTRAR'S BILLIAN SILVER SPRING, MD.   1250, DATE REC'D. BY REGISTRAR'S BILLIAN SILVER SPRING, MD.   1250, DATE REC'D. BY REGISTRAR'S BILLIAN SILVER SPRING, MD.   1250, DATE REC'D. BY REGISTRAR'S BILLIAN SILVER SPRING, MD.   1250, DATE REC'D. BY REGISTRAR'S BILLIAN SILVER SPRING, MD.   1250, DATE REC'D. BY REGISTRAR'S BILLIAN SILVER SPRING, MD.   1250, DATE REC'D. BY REGISTRAR'S BILLIAN SILVER SPRING, MD.   1250, DATE REC'D. BY REGISTRAR'S BILLIAN SILVER SPRING, MD.   1250, DATE REC'D. BY REGISTRAR'S BILLIAN SILVER SPRING, MD.   1250, DATE REC'D. BY REGISTRAR'S BILLIAN SILVER SPRING, MD.   1250, DATE REC'D. BY REGISTRAR'S BILLIAN SILVER SPRING, MD.   1250, DATE REC'D. BY REGISTRAR'S BILLIAN SILVER SPRING, MD.   1250, DATE REC'D. BY REGISTRAR'S BILLIAN SILVER SPRING, MD.   1250, DATE REC'D. BY REGISTRAR'S BILLIAN SILVER SPRING, MD.   1250, DATE REC'D. BY REGISTRAR'S BILLIAN SILVER SPRING, MD.   1250, DATE REC'D. BY REGISTRAR'S BILLIAN SILVER SPRING, MD.   1250, DATE REC'D. BY REGISTRAR'S BILLIAN SILVER SPRING, MD.   1250, DATE REC'D. BY REGISTRAR'S BILLIAN SILVER SPRING, MD.   1250, DATE REC'D. BY REC'D. BY REGISTRAR'S BILLIAN SILVER SPRING, MD.   1250, DATE REC'D. BY REGISTRAR'S BILLIAN SILVER SPRING, MD.   1250, DATE	ccreaty
	15M 7/77	<u></u>	Silver Spring, Md. 1	-/-





Wheeler Thompson Funeral Home Fredericksburg, VA

FOR

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9:30P ..

Va.

HOURS.

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

COUNTY

22c. DATE SIGNED

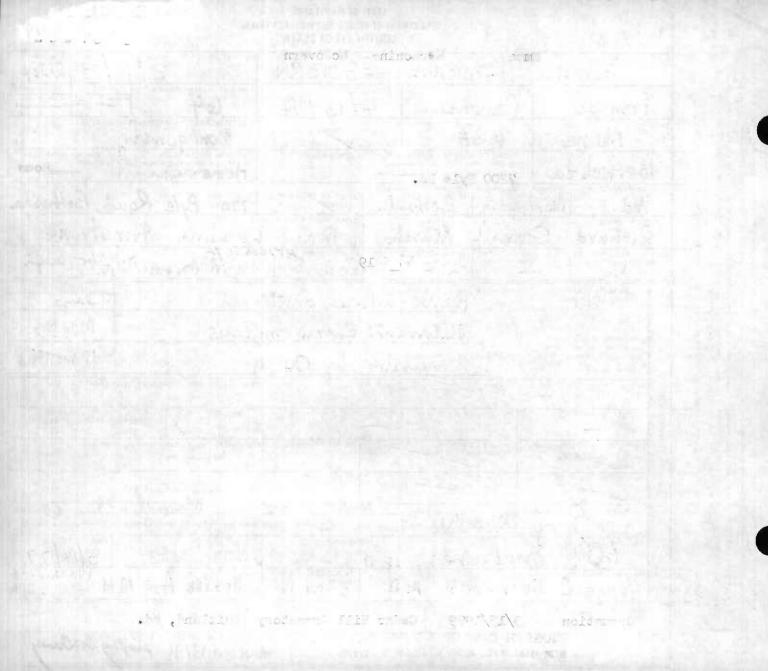
Mar 4, 1979

Gaylor

IF UNDER 1 YEAR

STATE OF MARYLAND

/				STATE OF MARYLAND		
9	1	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO	79-07322
4	I. DE	CEASED NAME FIRST E	Hermonine Hermo	MEGOVERN	2a. DATE OF DEATH	3 / 14 / 79 2:28 pm
n ofter d	3. SE	Female	Cancasiun	S DATE OF BIRTH  MONTH  1 DAY  YEAR  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6. AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
of once.		IRTHPLACE (STATE OR FOREIGN COUNTRY) Maine	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF Montgo	COUNTY OF DEATH  MD. MD.
notified	10 C	bethes da	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET 7200 Pyle Rd.	NG HOME OR OTHER INSTITUTION (ADDRESS)	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
must be	USU 13a.	STATE 136 COUN	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	VN 1 13d. INSIDE CITY LIMITS?	136. STREET ADDRESS, 7200 Pyle	Road, Bethesla
examine	}4. F	Richard Co	middle Mast	1	Luzline	Armstrong
Pages		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	RMED FORCES? 166 SOCIAI SEC	8_5919 John Step	hen M-Gove	in Ninsborough
banpapers. remaval. c event, the		PART I. DEATH WAS CAUSE	nly one cause per line for (0), (b), or ED BY: TE CAUSE (0)	failure, acute		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ian, ar re		Conditions, if ony, which	DUE TO, OR AN A CONSEQU	ence of Carcinom	atasis	Months
I, cremat ather tro		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS CONSEQU		N	11 months
ta burio injury, ar	NO	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COND	OITION GIVEN IN PART 1(a)
aws any	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a. AUTOPSY?	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
them 18 shaws		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATH HOUR A.M. MONTH	AY YEAR	RRED (ENTER NATURE OF INJUR'	f IN ITEM 18, PART 1 OR PART 2)
alth and Me marked ar H	MEDICAL	21d. INJURY OCCURRED  WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TOW	N COUNTY STATE
far use a of Health 21 is ma		sow the decembed olive on	ital) and ended the deceased from 197	9 , and that is (my Cour) apinio	n death occurred on the do	te and hour and from the causes stated
AT: If Item		22b. SIGNATURE	ncharan	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF	FIAN 3/4/79
with the State		GROTGE C. B		1,0 3301 Ne	A Mexico A	tre. N.W. D.C. 20016
show with	23a.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY edar Hill Cremator	y Suitland,	
50M7/77	24 F	UNERAL DIRECTOR JOS	EPH GAWLER'S SO	ONS INC. 250. DA	ATE REC'D. BY REGISTRAR	256. RECOSTRAR'S SIGNATURE



HARDESTY FUNERAL HOME GAMBRILLS MD

FOR

BURIAL

24 FUNERAL DIRECTOR

BP

DHMH - 16 50M 1/76

(VR A 15 (4))

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-07323

NO. 1 1.11 0

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STATE OF MARYLAND

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1	1			ID STATE DEPARTMENT OF	
0				301 W. PRESTON STREET, BAL	7 9 - 0 7 3 7 5
. 2:	1 0	ECEASED-NAME First			20 DATE OF DEATH
the eoth		Type or print)	A		3 Month 5 Doy Year 1245/ M
p a	3. S	EX LIGHT	4. RACE	S. DATE OF BIRTH	6. AGE (In years   IF UNDER I YEAR   IF UNDER 24 HRS.
事事		FEMALE	Caucasian	July 4, 18	196 (St. birthday) yrs. Months Days Hours Min
Do ours		BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH
d in d in		ntry)	us	WIDOWED DIVORCED	MONTGOMERY, Md.
ecuted within 24 hc completely filled in ove carbon papers.	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 12a. USL	JAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
ed with	1	hethosida	7535 Cayuga	T Avenue Hon	enaker
ted can	odn	USUAL RESIDENCE (Where deceased ission) STATE	lived, if institution: Residence before	13 CITY OR TOWN 13d INSIDE CITY	
con con nove			1 7	CAMESTI	- 1231 CHYUG/F "
and ren	14.	A .			7
icate be execut sician and com pleose remove 1, and in any ev	160	. WAS DECEASED EVER IN U.S. ARME			
equires that the death certificate be exemplysician. signed by the ottending physician and α burial-tronsit permit. Then please remoburial, cremation, ar removal, and any		Yes, no, or unknown) (If yes give wer		648 EILEEN L	LETS 6816 ALGOVERYIN M
g pl		18. CAUSE OF DEATH (Enter only	one couse per line for (o), (b), and (c)	)) =	Bethesda, Md. APPROXIMATE INTERVAL
ath int. ir re	-	PART I. DEATH WAS CAUSED	BY: CEREBRA	I THROMS	DETITIES ONSET AND DEATH
offer on, c	10	4340			00453
t the		Conditions, if ony, which gove	16) GENERALI	ZED ARTERIO	ISCLEROSIS 10 YKG
tha an. by ron		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF		
equires that the death ce physician. signed by the ottending burial-tronsit permit. The	1	last.	(c)		
sign phu			1		CONDITION GIVEN IN PART 1(o)
ding ding seen the or to	NO	CHRONIC 1			ONL IF MEET FINDINGS CONCIDENT IN CERTIFYING
tten tten os k os os prid	CERTIFICATION	170. DATE OF OPERATION 176. C	UNDITION FOR WHICH OPERATION WAS P		Chicago de particio
or a te h use alth	CERTI	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		
rifica for for f He	ਤੁ	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Year		or motors or mighty in your roll roll 2, notin roll,
YSI nosp cent ched pt. o	MED	21d. INJURY OCCURRED 21e. P	LACE OF INJURY ( AT HOME, FARM, STREET, FA	(CTORY.) 21f. LOCATION Street or R.F.D. N	o. City or Town County State
SPITAL OR ATTENDING PHYSICIAN: The low requires th 4 may be retained by the hospital or attending physician. VERAL DIRECTOR: After this certificate hos been signed by to page 3 should be detoched far use as the burial-troil id be filed with the State Dept. of Health prior to burial, and		While Not while of work	OFFICE BUILDING, ETC.		
by the free be costate		22o. I certify that (I) (this	hospitol) ottended the deceas	ed fram, 19:	38, ta 3-3, 1977, that (1) (we) last
END ned ned uld the S		saw the deceased ali	CERTIFICATE OF DEATH    First		
ATT ATT		22b. SIGNATURE	(1) (we) (did) (did half view life		22c, DATE SIGNED
OR De roll wed w	1	man	in Jules p	D DEGREE PHYS.	MED. STAFF DIRECTOR PHYS. 3-5-79
rAL oy b pogg e fille		22d. PHYSICIAN'S	. Call	-	2 2
VER MER	L		- 1		
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deoth Poge 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the tuneral director, page 3 should be detoched for use os the burial-tronsit permit. Then please remove carbon pages, Pages and Should be filled with the State Dept. of Health prior to burial, cremation, ar removal, and any event, within 72 nour after death	230				
07 0					2.615
O 70 VR A15 (4)					DI KEUISIKAK S POHALUKE
45/11 - 1/ 07	-	oosto m. ramp	into function in	JAIL DAIL	

V			FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
R			STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 7 Q	07376
"			CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN TO MONTH	DAY YEAR 2b, HOUR
	1	(TYP	EORPRINI) MATTHEIN S. MENDIS DEATH MATED 3-	11-79 700
	1 THE	3. SEX	14 RACE 50 15 DATE OF BIRTH 14 AGE (IN YEARS I JE UNDER 1 YR 1 JE LINDER 24 HRS 12) DATE MONTH	DAY YEAR 2d. HOUR
			MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS AND PRONOUNCED	- 79 700
	200	70 B	TO THE STATE OF THE STATE OF S	OF DEATH
	CES MESS MESS	FC	REIGN COUNTRY)  MARRIED ANEVER MARRIED	
	A STATE OF THE STA	10. C		ERY MD.
	PAGE FILED,	10. C	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)	OR INDUSTRY
	35 - 88. —	21	IVER SPRING 10602 STONEY HILL COURT GORNALIST	PRIVATE
5	F ANY DEL AND 3 TO 3. RETAIN B SHOULD BE I RECORDS,	13a. S	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  TATE / 13b. COUNTY, 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS	11.11 0 +
2120	T X	1	ARYLAN L MONTGOMERY SILVER SPRING YES NO 10602 STONEY 1	Hill COURT
MD.	T. NA	14. F/	ATHER'S NAME FIRST MODILE LAST 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE	LAST
m,			UNAVAILABLE UNAVAILABLE	
NO NO	~ 2 2		VAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT WIFE ADDRESS S.	AME AS
BALTIMORE,		3	NO UNKNOWN LILIAN M. MENDIS #	/3
	NURS A 8. GIV WITH T. PAG DIVISI		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4 ST.,	ITEM 18 ITEM 18 ITEM 18 ITEM 18 PERMIT.		PARTI DEATH WAS CAUSED BY:	
10			4029 (DUE TO, OR AS A CONSEQUENCE OF	
ES	D WITHIN ENCL IN AMINER A AMINER A ENTAL HY		Conditions, if any, which gave rise to immediate (b) Cardiovoscular Viscus	
¥.	DIED WITH N PENCIL EXAMINER HAL-TRANS MENTAL POR REMOV		cause (a) stating the <u>under-</u> DUE TO, OR AS A CONSEQUENCE OF	
0	H X X X X		lying cause last.	
5,3	A BUILDING		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g).	
RECORDS, 301 W. PRESTON	"PENDING" IN "PENDING" IN "PENDING" IN SED AS A BURI "HEALTH AND CREWATION, O	NO		
E E	HOULD WEN WEN WED WEN WED WEN	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
DIVISION OF VITAL	SHOU ORD "I CHIEF BE USE IT OF H	Ĕ		YES NO Z
<u> </u>	WOR WOR HE O BE ENT	H	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART	
Z	CERTIFICATE SHO		UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	
ISIO	LERTIING ING 3 SH RIOR	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION	
2	WRITIN WRITIN WARDEL WAGE 3 IATE DE	X	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  STREET STREET CITY OR TOWN COUN	TY STATE
	E, WRI RWARD PAGE STATE			
	P. P		22a. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my opin	ian
	EXAMINE CERTIFICA ULD BE FO DIRECTON WITH THE		death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined monner ,	
	DIE WILL		ACTUAL POR DATE	2-11-79
	CAL THE THE SHO SHO SHO MATH	1	SIGNATURE COMM.D. WIPMEDICAL EXAMINER SIGNED	210-11
	MEDIC CUTE SE 4 SE FUNE ER DE.	0	EXAMINER'S NAMERICHARD L. WHELTON ADDRESS 7100 Bultimore Goe	M.M. P.L
	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE SI BALTMORE, MARYLAND, 21			verigion
15	FUGFER	23a.B	URIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CUTY PROWN	m /
100	BP	24 5	BURIA 3-13-79 GATE OF HEAVEN GEN WheATON MONTE	
	DHMH - 17 (VR A15 ME (5))	1	NAME A TO SUDDRESS MAR 1 9 1979	McCredy
	30M 7/73	100	EVOI FUNERAL HOME WASH DIC. MAR 19 1919	

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61. A7176'

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	9-0/32/
	DECEASED NAME FIRST TYPE OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1,	Emma	М.	Menze	March 13,	1979 10
3	SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	1F UNDER 1 YEAR IF UNDER 24 HRS
	Female	White	July 13 18		MONTHS DAYS HOURS MIN
7a	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUR		- 19 BALTIMORE CITY OR COLL	
7	Wash, D.C.	TISA	WIDOWED X DIVORCED		MD
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	TURSING HOME OR OTHER INSTITUTION	Montgomery 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN	12b. KIND OF BUSINESS OR
7/ 3	Takoma Park	Wash. Adv,	Hospital	Sales	NO LIFE) TINDOSTRI
13	SUAL RESIDENCE (IF NURSING HOME OF NURSING HOM	OR OTHER INSTITUTION, GIVE RESIDENCE ON TO TO P.		TS? 130 STREET ADDRESS Boston	Ave.
502	FATHER'S NAME Gottleib Ze:	igler	Annie	Marie Wolfmeye:	
1 160	WAS DECEASED EVER IN U.S. A	VE WAR OR DATEST		9132 Bloomtriel	
	(YES, NO OR UNKNOWN) (IF YES, GI	579	26 9473 Margare	t Wessells (Da	ughter)
	18 CAUSE OF DEATH (Enter of	only one cause per line for (a)	(b), and (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUS	ATE CAUSE (a)	retrul anxea		12km
	Conditions, if ony, which gove rise to immediate couse iol, stating the underlying cause lost.	DUE TO, OR AS A SOL	SEQUENCE OF CONTROL /1 SEQUENCE OF THE CONTROL OF	Throck - Stage TI	18 hrs.
200	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
2 POLITO STATES	190 DATE OF OPERATION	1//	WHICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
EDICAL CE	OR CONTRIBUTING TO CAUSE OF D	HOUR A.M. MONT	H DAY YEAR 19	CCURRED (ENTER NATURE OF INJURY IN ITEM	1B, PART ) OR PART 2)
MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	DEFICE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
	22a.1 certify that (1) (this hasp sow the deceased alive a above, (1) we) (did) (did n	14 1 1 2	Am A	nion death occurred on the date and	, 19 29, that (1) (we) lost hour and from the causes stated
	22b. SIGNATURE	Hoch mi	DEGREE ATTENDI PHYSICI	NG MEDICAL STAFF	3/13/79
1	12d. PHYSICIAN'S NAME (TYPE	ORPRINT)	MD. 7676 NE	w Hamsure H.	WE, LANGLEYPARK
23	Ba. BURIAL, CREMATION, REMOVA		23c. NAME OF CEMETERY OR CREMAT	ORY 23d. LOCATION	COUNTY STATE
	Burial	3/15/79	Prospect Hill	Cem. Wash.D.C.	
24	FUNERAL DIRECTOR		250	I. DATE REC'D, BY REGISTRAR 🚜 🚜	GISTRAR'S SIGNATURE

DHMH - 16 50M 1/76

(VR A 15 (4))

IMPORTANT: If Item 21 is marked or Item 18 shows ony

24 FUNERAL DIRECTOR

FOR

Hines/Rinaldi F.H.11800 N.H.Ave.S.S.Md.

March 13,777

Md Ront. T.P. 2 505 ho ton Ava. Mg

Cottleib Reigler Annie Paris Wolfstynr Linger Start Re. Olneyskar

. 379 Ct 9973 hargaret Wescalle (Leughter)

DIROR/KINALOS P.H. 11200 M. H. Ave. M. C. Md. MAR 13 1979 Loss Avelong

DHMH - 16 60M 1/75 (VR A 15 (4))

232 CARROLL ST. N.W. WASHINGTON, D. C.

BURIAL

FALLS CHURCH VIRGINIA

24 FUNERAL DIPONALD M. STEIN HEBREWARMEMORIAL F. H.

GARDEN

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED AGE (IN YEARS IF UNDER 24 HRS DATE PRONOUNCE BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED E Maryland DIVORCED NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION KIND OF BUSINESS OR INDUSTRY WWW RWine Housewife 13d INSIDE CITY CIMITS? 13e. STREET ADDRESS 130 STATE YES NO M 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE FIRST George Green Laura unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRES 1502 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES no 578<del>0</del>26-0114 Melvin C. Mills-son-Dr., Wheaton, none 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? SEPARTMENT OF SIOR TO BURIAL 6 n e YES NO F 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. 19 21. PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED IL LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy and in my opinion death resulted from: Natural causes Hamicide Undetermined manner DIR TITLE (SPECIFY) ACTUAL March/9 1970 FUNERAL C TER DEATH, UTMORE, MA SIGNAT John S. Rogers, DME Silver Spring, Maryland 0 1 234 NAME OF CEMETERY OR CREMATORY Burial Union Cemetery Burtonsville Montgomerv 250. DATE REC'D. BY REGISTRAR 1256. RE Pumphrey Inc. DHMH - 17 (VR A15 ME (5)) 15M 7/76 Ga. Ave., S.S. Md.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE KNOWN PO 26 HOUR (TYPE OR PRINT) OF ESTI-4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE MONTH PRONOUNCED DEAD unc . CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. MINNESOTA WIDOWED-DIVORCED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY RETIRED SCHOOL USUAL RESIDENCE OF IN NURSING HOME OR OTHER INSTITUTION GO 13a. STATE 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES-NO L 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE OF VIT ELLEN ABEL JOHN LEPPER A. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** (YES, NO, OR UNKNOWN) HE YES. GIVE WAR OR DATES 220-54-1657 JOHN L. MILLS (same as 13e) RO 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION OF HEA 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E 3 SHOULD BE US E DEPARTMENT OF I PRIOR TO BURIAL. YES 🗍 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM MONTH DAY OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION STREET, FACTORY, FARM, ETC. WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLANI deoth resulted from: Natural couses Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE _MEDICAL EXAMINER JOHN S. ROGERS 1919 Seminary Rd., Silver Spring, Md. EXAMBLES'S NAME TYBE OR PRINT ADDRESS 23d. LOCATION 23g BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Metropolitan Crematory ATexandria Cremation 3-21-79 Va. 24. FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE **DHMH-17** ADDRESS (VR A15 ME (5)) ROBERT A. PUMPHREY FUNERAL HOMES P/A MD. 15M 7/77

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2ª DATE OF DEATH 26 HOUS (TYPE OR PRINT) DEARL 3 SEX RACE 6 AGE (IN YEARS LAST BIRTHDAY) White Jan. 10, DAY 1887 AR Female To. BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery (ounty Maruland WIDOWERCE 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY, Lver Springs Homemaker Cun. Home tairland Nursing Home 130 STREET ADDRESS Balmonal Drive 20903 13d INSIDE CITY LIMITS? Montgomery Dilver Springs anuland IS MOTHER'S MAIDEN NAME FATHER'S NAME Howard Sapp Aones ames 17 INFORMAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 215-18-0676 Bransby Silver Springs. APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per log for (a), (b), and/ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (0), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY STREET CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE AT WORK 22a I certify that (1)/(this haspital) attended the deceased from sow the deceased alive of and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove (1) we (did) (did not) view the body after death 22b. SIGNATURE DEGREE 224. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN FUNERAL MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS the S 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION REMOVAL Baltimore, Maryland (SPECIFY) Western (emetery Burial 24 FUNERAL DIRECTOR East Patansco Avenue DHMH - 16 60M 1/75 Modully Funeral Home of Brooklyn Balto., Md. 21286R (VR A 15 (4))

STATE OF MARYLAND

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0000 BP	236. BURIAL, CREMATION, REMO (SPECIFY) Burial			REG. NO.  REG. NO.  REG. NO.  PART OF DEATH MONTH DAY YEAR 12b. HOUR  7:11a  6. AGE (IN YEARS LAST BIRTHDAY)  6. AGE (IN YEARS LAST BIRTHDAY)  9. BALTIMORE CITY OR COUNTY OF DEATH  MONTHS: DAYS HOURS MIN.  12b. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  17b. KIND OF BUSINESS OR  17837 Laytonsville Rd Apt 103  AME  Rebecca  Caesar  ADDRESS Gaithersburg, Md  T. Monroe 17837 Laytonsville Rd  T. Monroe 17837 Laytonsville Rd  T. Monroe 17837 Laytonsville Rd  APPROXIMATE RIFERYAL  BETWEEN ONSE! AND DEATH  WINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  BETWEEN ONSE! AND DEATH  RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  CITY OR TOWN  COUNTY  STATE  MEDICAL STAFF  DIRECTOR PHYSICIAN   208 172  236 LOCATION (ITY OR TOWN  COUNTY  STATE	
DHMH - 16 50M 1/76 (VR A 15 (4) )	C.E. Hicks, 111	263 W. Patrick S	treet, Frederick, Md	NERECO. IN ACIDAL SIS RESIDENCE	my Ma Cready

STATE OF MARYLAND 79-07333 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 2b HOUR I. DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) 3. SEX LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR JE LINDER 24 HRS To BIRTHPLACE (STATE OR FOREIGN BALJIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 89mer + no WIDOWED DIVORCED [ GIVE RESIDENCE BEFORE ADMISSIONI 160. WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMAN' (YES, NOT OR UNKNOWN) LIE YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for 101, (b), and ic-PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 CERTIFICATION 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased olive on obove. (1) (e) Tod) (did not) view the body ofter death. and that in (my) (our opinion death occurred on the date and hour and from the causes stated 22b. SIGNATU DEGREE ATTENDING MEDICAL STAFF DIRECTOR | PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINTY 22e ADDRESS should b MPORT /VEWMAN 23c. NAME OF CEMETERY OR CREMATORY CREMATION, REMOVAL 23b. DATE 23d. LOCATION EMOUA 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25b. REG DHMH - 16 50M 1/76 (VR A 15 (4)) LO MARYLAND

STATE OF MARYLAND FOR **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME FIRST DATE KNOWN KK MONTH 26. HOUR (TYPE OR PRINT) OF ESTI-Louise Mary Montgomery 19 4 RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 24. DATE 24 HOUR 5:05 LAST BIRTHDAY PRONOUNCED Aug. 12, DEAD Black 1928 Female 50 YRS A. M FUNERAL TO BIRTHPLACE ISTATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Montgomery County 5 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFET SHOULD BE F Takoma Park Flower Avenue USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 7908 Flower Avenue Montgomery Takoma Park Maryland YES [] NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME PAGES 1, FORM PM S I AND 2 MIDDLE LAST MIDDLE LAST FORM 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) ( IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE, IMMEDIATE CAUSE (0) Acute myocardial disease. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION None 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF TO BURIAL, None YES [] NO XX E 3 SHOULD BE E DEPARTMENT ( PRIOR TO BURIA 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL None CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 218 PLACE OF INJURY (AT HOME III. LOCATION STREET, FACTORY, FARM, ETC.I STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection XX 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinian DIRECTOR: MARYLAND. Natural causes XX death resulted from: Accident Hamicide . Undetermined manner TITLE (SPECIFY) TO MEDICAL E EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V BALTIMORE, MA ACTUAL Deputy SIGNATIME SIGNED 1919 Seminary Road EXAMINER'S NAME (TYPE OR PRINT) John S. Silver Spring, Montgomery ADDRESS. 230 BURIAL CREMATION REMOVAL 236 DATE TUES 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE BP 3/13/79 Remova. Ab. REGISTATE'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) Balto., Md. Anatomy Board 15M7/77

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STATE OF MARYLAND FOR STATE

Francis Gasch's Sons, PA Hyattsville, Md.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-07336

	REGISTRAR			~======================================	TEATE OF BEATH	REG. N	O.		
	DECEASED NAME FIRST		NODLE		LAST	2a DATE OF DEATH	MONTH DAY	YEAR	2h HOUR
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3 5	EX	4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIRT		DER I YEAR	IF UNDER 24 HRS
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.7a.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF V	VHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF	DEATH	
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US	UAL RESIDENCE (IF NURSING HOME C	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		4	20000		0
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	Maryland Pr	Geo's	MITCHEL	VILL	15. MOTHER'S MAIDEN NAM		di cii itot	404	
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16a	WAS DECEASED EVER IN U.S. AL	RMED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRE			
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CERTIFICATION	PART 2 OTHER SIGNIFICANT				NOT RELATED TO THE TERM	INAL DISEASE OR CON	206 IF YES, WI	ERE FINDIN	GS USED
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	270 I certify that (I) (this hosp saw the deceased alive or above, (I) (we) (did) (did no 27b. SIGNATURE	14/4	179 19		nd that in (my) (our) opinion of DEGREE	to 3/24/	75, 19_ ate and hour on		
		Sm			MO ATTENDING	MEDICAL STA		3/2	ung
	22d. PHYSICIAN'S NAME (TYPE O		UL, M	)	7425 ARL	INGTON E	b , BE	nies D	or, mo
23a	BURIAL, CREMATION, REMOVAL	23b. DATE			CEMETERY OR CHEMIT ONY	23d. LOCATION		NIIY .	STATE
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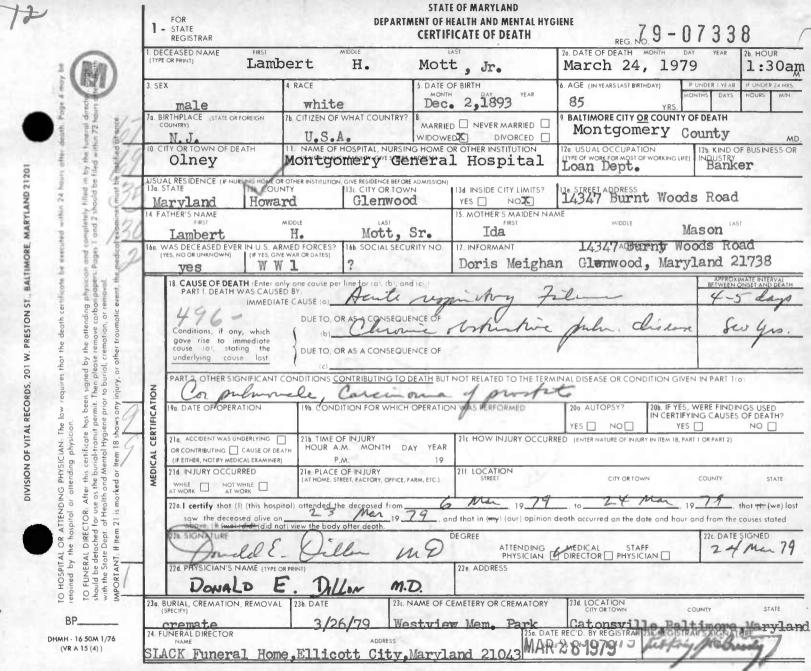
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-Roosevelt DATE OF BIRTH 4. RACE AGE (IN YEARS DATE FUNERAL DIRECT 5 FOR YOUR LAST BIRTHDAY) PRONOUNCED Negro DEAD Male 76. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED New Jersey DIVORCED A WIDOWED 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF A DOTE S C. DRIVER OF SHOULD BE TO THE SHOULD BE Chevy Chase Foreman Construct 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Roosevelt Anderson Charlotte Kingswick Apt. L-10 (YES, NO, OR UNKNOWN) No 136-38-3595 Lillian Morris, Thorofare, N. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: HYGIENE, IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which rin. Crane. Ins gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? RTMEN, CH YES 3 SHOULD BE DEPARTMENT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 21201 PRIOR RWARDED PAGE 3 SH STATE DEPA 21f. LOCATION 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE 220. I certify that I taak charge of the remains described above, held an death resulted fram: Natural couses Hamicide Undetermined manner TITLE (SPECIFY) PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, N BAUTIMORE, MA SIGNATURE MEDICAL EXAMINER Old Georgetown Rd. John G. Ball EXAMINER'S NAME ADDRESS Bethesda, Maryland TYPE OR PRINT Camden 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE 3-26-79 New Jersev BP. Evergreen Cemetery A. Pumphrey Funeral **DHMH-17** Homes, P.A. (VR A15 ME (5)) Bethesda, Md 15M 7/77

STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. N DECEASED NAME O DATE OF DEATH Th HOUR YPE OR PRINTS riede 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) DAYS Sept 19, 1898 Female White 80 70 BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Germany Germany WIDOWED ont gomery DIVORCED [ CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Housewife UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

STATE

136. COUNTY

137. CITY OR TOWN 30 STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Schliersee 2 Bayrischzeller Str 3 W. Germany none YES X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE (unknown) Rosa Lutz ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Corkran Corkes Lane Anneli Levv: Bethesda Md No none 18. CAUSE OF DEATH (Enter only one couse per line for to), (b), and ic PART I. DEATH WAS CAUSED BY PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse lat, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? per NO F ntal Hygie ÷ 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21b. TIME OF INJURY 8 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21e PLACE OF INJURY 211 LOCATION 20 21d. INJURY OCCURRED CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE WHILE 220.1 certify that (1) (this hospital) attended the deceased from. 3 saw the deceased alive on , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated did not) view the body after death 27h SIGNA DEGREE 22c. DATE SIGNED ATTENDING should be deta with the State [ DIRECTOR PHYSICIAN MPORTANT: 22d. HIVSICIAN'S NAME TYPE OR PRI 22e. ADDRESS TANOWELL 0 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE STATE (SPECIFY) CITY OR TOWN 3 - 13 - 79Metropolitan Crematory Alexandria, Virginia Cremation 24 FUNERAL DIRECTOR ADDRESS Rockville.Md. DHMH - 16 50M 1/76 Danzansky-Goldberg Chapels 1170 Rockville Pike (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME FIRST MARJORTE S. MOUGEY 20. DATE KNOWN TYPE OR PRINT) ESTI-1AKJORIE 110060 DEATH MATED S. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) YEAR PRONOUNCED 82 YRS DEAD Female White TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) 410 WIDOWED DIVORCED ID CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDLITTRY BETHESDA fe & Mother Own Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136. COUNTY 3a. STATE 134 INSIDE CITY MINTS? 13e STREET ADDRESS MONIGONERY YES NO T 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME (Unknown) MIDDLE LAST UNKNOWN SOLON 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Son (YES, NO. OR UNKNOWN) PAUL H. MOUGEY 1939 PINE DR. KENT. OHIO 212-64-8227 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ALCI IMMEDIATE CAUSE (a Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO. OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES NO 4 R: PAGE 3 SHOULD BE E STATE DEPARTMENT C , 21201 PRIOR TO BURIA 210. EXTERNAL CAUSEWAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH UNDERLYING MEDICAL -0UN CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED ₹1e. PLACE OF INJURY NOT WHILE OME AT WORK AT WORK 27a. I certify that I took charge of the remains described above, held an Autopsy and in my apinian Inspection death resulted from Hamicide Undetermined manner TITLE (SPECIFY) DATE TO FUNERAL I SIGNED EXAMINER'S NAME 200 WISETASI (TYPE OR PRINT) 23d. LOCATION
CITY OF TOWN ATON, MD. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE GATE OF HEAVEN BURIAL 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGN 11111 24. FUNERAL DIRECTOR **DHMH - 17** JOS. GAWLERS SONS 5130 WISC. AVE. WASH., D.C. (VR A15 ME (5)) 30M 7/73

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN OF (TYPE OR PRINT) ESTI-DEATH MATEDXX GARY WAYNE MYERS 18 1979 2d HOUR 4 RACE & AGE IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS 5 DATE OF BIRTH DATE 3 SEX LAST BIRTHDAY) PRONOUNCED 13-51 DEAD 2 7 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED Montgomery County 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION O CITY OF TOWN OF DEATH Suburban Hospital Bethesda. Employed USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 334 INSIDE CITY LIMITS? 13e STREET ADDRESS KensingTon YES NO T MONTGOMER IS MOTHER'S MAIDEN NAME FIRST DORIS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) LIGNUM 110 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c), ) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Auto. Accident Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO X 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 716 HOW IN ILIRY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 218 PLACE OF INJURY 21d. INJURY OCCURRED WHILE AT WORK and in my apinion Inspection 27e. I certify that I taak charge of the remains described above, held an Hamicide Undetermined manner death resulted fram: ACTUAL PAGE 4 SHOL TO FUNERAL AFTER DEATH, BALTIMORE, M. SIGNATURE EXAMINER'S NAME John TYPE OR PRINT) 256 REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) GRE FUNERAL HOME 15M 7/76

Service of the servic

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IN			FOR STATE			EPARTMENT OF					70-0	7343
1			REGISTRAR		MED	ICAL EXAMIN	IER'S	CERTIFICATI	E OF DEA	TH REG	, No.9 - U	11040
			CEASED NAME	FIRST	- 11/20-61/3	MIDDLE 1	akar	E D'E	2	. DATE KNOWN	HTMOM [X V	DAY YEAR 26. HOUR
6	- Idea	(TYP	E OR PRINT)	Vidas	T	Peter	anai	ada	5.0	OF ESTI-		2 70
(3)	SEE SEE	3. SEX	La Car		DATE OF BIRTH	6. AGE (IN YE	ADC   IE I IN	NDED I VO TIE LINI	DER 24 HRS. 2		MONTH	2 19 79 M
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18	素の音響のつ		RTHPLACE (STA	TE OR 7b	CITIZEN OF WHA	AT COUNTRY?	8. MARR	IED NEVER MA	ARRIED [	BALTIMORE CIT	Y OR COUNTY	Y OF DEATH
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201 ANY	RETAIN HOULD BI	13a. S		136. COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMIT	5?   13e. STRE	ET ADDRESS		
21201 F ANY	A SHE	las	hingto	n n	Washii	ngton, D.	C	YES NO		- 24th S	treet,	N. E.
MD.	-NSAA		THER'S NAME	M	IDDLE	LAST		15. MOTHER'S MA	AIDEN NAME	MIDOLE	MING.	LAST
E, R	S & S P (Pe	te	r Naka	rada				Sophia	Vlatk	ovich.		
OR CHARLE	NAG NAG	16a. V	AS DECEASED	EVER IN U.S. ARMED	FORCES?	166. SOCIAL SECURIT	Y NO.	17. INFORMANT		ADDR	RESS	
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BALTIMOR	18. GIVE PAGES WITH FORM F T. PAGES 1 AN DIVISION OF			DEATH (Enter only o								APPROXIMATE INTERVAL
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RE C	L REAL	ATI	19a. DATE OF C	PERATION	196. CONDITIO	ON FOR WHICH OPER	N MOITAS	AS PERFORMED?	7.77			20. AUTOPSY?
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E S	N B E S	ERT	None	CAUSE WAS	21b. TIME OF I	NJURY	21c H	OW INJURY OCCU	IRRED JENTERNA	TURE OF INJURY IN ITE	M 18 PART 1 OR PAR	
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O H	ART TO ART	Š		G CAUSE OF DEA		19				None		
<b>DIVISION</b> S CERTIFIC	DED TO THE WORD DED TO THE CHIE E 3 SHOULD BE US E DEPARTMENT OF PRIOR TO BURRAL	MEDICAL	21d. INJURY OC WHILE		STREET, FACTOR	INJURY (AT HOME,		CATION		CITY OR TOWN	COUP	NTY STATE
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£ 2	ATE, WRI ORWARI R: PAGE E STATE 7, 21201		22a Loortifu	that I taak charge o	the remains descr	ibad abaya bald an	Autop	laras	ection ,	Inquiry X	ond in my opin	-io-
Z	RTIFICATE  BE FOR  RECTOR:  ITH THE S  YLAND, 2		death resulted		37		icide	Homicide	7	mined manner	7	NIO11
AM	CERTIFICA JID BE FC DIRECTOR WITH THE ARYLAND,	1	death resulted	Tram: Natural C	Ouses Law,	ccident	licide L		AL - 11	minea manner L		
T X	8 5 5 5 E		ACTUAL /	10	110	16		TITLE (SPECIFY			DATE	3/22/79
¥.	HE ATH		SIGNATURE	-		100	20	Deputy		CAL EXAMINER	DATE SIGNED	2/22/19
MEDIC	A A B A A A A A A A A A A A A A A A A A		EXAMINER'S N	IAME T 1.	G D	97 D	-	191	9 Semin	ary Road		34.3
×	EXECUTE THE OPAGE 4 SHOUNDERAL IN AFTER DEATH, BALTMORE, M.		(TYPE OR PRIN		S. Roger			ADDRESS Sil	ver Spr	ing, Mon	tgomery	, Ma.
5	A P A A A A A A A A A A A A A A A A A A	В	JRIAL CREMATI	ON, REMOVAL 236.	DATE	23c. HAME OF CE	METERY	RCREMATORY	23 I. LOC	ATION	1) cours	A) STAPE
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	DHMH - 17	74.1	IN RAYDIRECT	98/11-5	Jekou	a fund	al	Her 259. DA	TE REC'D. BY	REGISTRAR 129 to R	REGISTRAR'S SK	GNATURE
{VR	R A15 ME (5)) 15M 7/77	X.	letter	Nallex	2511	Bervall	AL	A	MAKZ	8 19/9	hope	ALL MANAGES
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ned by the ottending physicion and completely filled in by the funeral please remove carbanpapers. Pages 1 and 2 shauld be filed within 72

injury, or other traumatic event, the

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician

should be detoched for use as the burial-transit permit. Then please remove carbanpapes with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval

IMPORTANT: If Hem 21 is marked or Item 18 shaws any

W. W. Cha

Chambers Co., Silver Spring

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FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-07344

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	0.	3 01		
		CE ASED NAME	FIRST	/	VIDDIE	L	AST		нтиом	DAY YEAR	2b. HOUR	7
	(,,,,,	OK (KIN)	Char	Ledda	Lo	uise	Naugle	March 1	.3, :	1979	3:00	A
	3 SEX	Female		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	HOURS MI	HR5
				White		May			15 YRS			
7		RTHPLACE (STATE OF	RFOREIGN		WHAT COUNTR	Y? 8 MARRIED	XNEVER MARRIED	9. BALTIMORE CITY O	R COUNT	TY OF DEATH		
1		ennsylv		USA		WIDOWE		Montgome	ery	County		MD.
1		TY OR TOWN OF D	EATH	(IF NOT IN SUC	H FACILITY, GIVE STR	EET ADDRESS)	ROTHER INSTITUTION	12a USUAL OCCUPATI			F BUSINESS	OR
6		ethesda	- 100		inical		er, NIH	Housewife	2	Own	Home	
	13a S	_	136 COUN	TY	13c CITY OR TO	NWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		10		
1	_	nnsylva	nlia-	Blair	Altoo	na	YES XX NO []		1 Av	e. 160	501	
ij	I4 FA	THER'S NAME		IDDLE	LAST		FIRST	MIDDLE		LA		
/	14 . 54	Georg		-ED CORCECS	Baker	CUBITY NO	Narcis 17. INFORMANT	Sia	22	Timliz	1	
2	100. V	VAS DECEASED EVE (ES. NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)						Cama	7 7 7 7 7 7	1
					210-24		Mr. Rober	t C. Naugl	Le (	Same as	Abo	
		18. CAUSE OF DEA PART I. DE ATH	WAS CAUSED	y one couse per BY:			al Contin	Shook			Hours	
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d		Conditions, if or gove rise to in	mmediate	(b)			stran Disea	.50			rear.	3
		couse (0), sto underlying cou		DUE TO, O	R AS A CONSEC	QUENCE OF						
		PART 2. OTHER SI	GNIFICANTO	ONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	MIN AL DISEASE OR CON	DITION G	IVEN IN PART 10	0 1	=
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	CERTIFICATION	190 DATE OF OPER	RATION	19b. COND	TION FOR WHI	CH OPERATION	N WAS PERFORMED	200 AUTOPSY?		ES, WERE FINDIN		
	TE							YES X NO		YES X	NO [	
	CER	21a. ACCIDENT WAS L		216. TIME O	FINJURY M. MONTH	DAY YEAR	216 HOW INJURY OCCUP	RED (ENTER NATURE OF INJUR	RY IN ITEM 18	B, PART 1 OR PART 2)		
	SAL	OR CONTRIBUTING [		P.		19						
	MEDICAL	21d INJURY OCCU	JRRED	21e PLACE	OF INJURY	CE EADM STC)	21f. LOCATION STREET	CITY OR TOV	VN.	COUNTY	STATE	
Я	2	AT WORK AT	WHILE WORK	(Al Home, of	icer, racroat, orric	L. 1 Ann, 212.)						
		22a.1 certify that				70		March	13		that 📉 (we)	
		sow the dece	osed plive on a (did) (did)	view the body	ofter death.	79 , or	nd that in 🎉 (our) opinion	death accurred on the de	ote and ha	our and from the	couses stated	d
		226 SIGNATURE	0	0	0 '		DEGREE	MEDICAL STAI		22c. DATE	SIGNED	
1		14000	2	onal	recircy		ATTENDING PHYSICIAN	DIRECTOR PHYSIC	MAI	1311	7/7	
1		22d. PHYSICIAN'S	-				220 ADDRESS Natio	nal Insti-	tute	s of H	ealth	
		DR. H	AIG DO	NABED	IAN, M	J	Clinical C	Center, Bel			200	
	23a. B	BURIAL, CREMATION	N, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	- STATE	Pa.
		urial		3/16	/79	Carson	Valley	Allegher	y T	WD. Bla	ir Co	
	24. FL	UNERAL DIRECTOR					25a. DA	TE REC'D. BY REGISTRAR	25b. REG1	STRAR'S SIGNAT	UREAT	

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

N					STATE OF MARYLAND	
10	-		1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	07010
	-	350		REGISTRAR	CERTIFICATE OF DEATH REG. NO. 79 -	0/346
	(10 H)			CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
, p	【题】	1		Brur	N. 3/20/19	95PM
E E	1		3 SE	X	4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UND MONTH DAY YEAR MONTH	DER I YEAR IF UNDER 24 HRS
900	urs to			MALE,	CAUCASIAN June 1 1904 74 YRS.	
م م	ol di 2 ho	997	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF D	
000	hin 7	5//	10.0	GERMANY	U.S.A.   WIDOWER   Montgomery Cour	
201	by the	99	Ro	ockville	Collingswood Nursing Center RET. ECONOMIST	L.S. GOVT.
MARYLAND 2120	filled in	35	130	STATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) UNTY 136. CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS PROMERY STLVER SPRING YES X NO 714 SLIGO AVE.	
RYL	etely i 2 sh	nine	14 F	ATHER'S NAME FIRST	MIDDLE LAST FIRST MIDDLE	A THE RESERVE
MA v	aldw	\$150		UNKNOWN	MIDDLE LAST FIRST MIDDLE UNKNOWN	LAST
ORE,	nd co	dicol		WAS DECEASED EVER IN U.S. AI	ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
BALTIMORE,	0 0	med	L.	NO	056-01-7909 FLEUR S. GETZ 1301 FALLSTON RD.	,FALLSTON,MI
2 4	physicie an paper emoval.	event, the		PART I. DEATH WAS CAUS	only one cause per line for (0), (b) and (c) 1 SED BY (ATE CAUSE (0) Chrolin Ply phaton Arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST	offending ave carbo	oumatic		4149 Conditions, if any, which	DUE TO, OR AS ACONSEOUENCE OF HEAT Failure	2 yrs
₹ 5		other tre		gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF Artery Disease	3 yrs
RDS, 20		njury, ar	NO	PART 2 OTHER SIGNIFICANT	T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN	PART I(a)
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N OF VITA	fico tro	9 9		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	DEATH HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OF	
VISION G PHYS	C 71	morked or II	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY 211 LOCATION	UNITY STATE
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OR AT	RECTOR ned for u	E	19	22b. SIONATURE		2c. DATE SIGNED
ITAL O	RAL DI	A		Howa	A) Joldson M) ATTENDING XYMEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	3/21/79
O HOSP	FUN FUN Sould the	APOK 1		Howard S.	Goldstein, M.D. 4701 Randolph Road, Rockvi	lle, MD
240	5 -23	2	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNT OF THE COUNTY OF THE	Y STATE
	BP	15		CREMATION	ALEXANDRIA FAIR	
	H - 16 50M 7/77 VR A 15 (4))	,	24 F	UNERAL DIRECTOR	ADDRESS ROCKVILLE 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S	SIGNATULE
,			R	BERT A. PUMPHF	REY FUNERAL HOMES P/A MD.	

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		PE OR PRINT)	014.	. 1	1/11/100 000	OF ESTI-	ONTH DAY YEAR 76 HOUR
EF SES		LIOY	ing E	/	VEWINAN	DEATH MATED []	ONTH DAY YEAR 24 HOLLE
HD - 28	I. SE		S. DATE OF BIRTH MONTH DAY YEAR	LAST BIRTHDAY) MONT	DER 1 YR. IF UNDER	MIN. PRONOUNCED	ONTH DAY YEAR 24 HOUR
1001	The same	amale Negro	Feb. 20,1910	) 69 YRS.		DEAD	19 M
FOR WITHIN	F	IRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF WHAT COL	JNTRY? 8. MARR	IED ENEVER MARRI	ED . 9. BALTIMORE CITY OR CO	DUNTY OF DEATH
	W.	ashington, D.C.	U. S. A.	WIDOV			nery Co. MD
OP SOLED	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	E STREET ADDRESS)		120. USUAL OCCUPATION (PE OF V	OR INDUSTRY
40 4 H 2 1 1		koma Park	Sligo Garder		ome	Housewife	
21201 . IF ANY DEL 2, AND 3 TO 3. RETAIN SHOULD BE IL RECORDS	13a.	AL RESIDENCE (IF IN HURSING HOME STATE 130. COU	ITY 13c. CI	TY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
21201 F AND S. AND SHOUL F RECO			gomery Tak	coma Park	YES NO	8319 Roanoke Ave	. #2
MD. 2 S. 1, 2, 2 MD. 2 SI VITAL	$\wedge$	ATHER'S NAME	WIDDIE	LAST	15. MOTHER'S MAIDE	MIDDLE	LAST
DRE, M. R. DEAT AGES 11 AND OF VIII		ames H. Nelson			Margaret	Murray	
0 ~ 2 ~	160.	WAS DECEASED EVER IN U.S. A		OCIAL SECURITY NO.	17. INFORMANT		Roanoke Ave.,#2
F <> ± 0 5		Vo	571	7-40-5559	William F	. Newman, Husband	
		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	nly ane cause per line far (a), (	(b), and (c).)		Λ 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST., B D WITHIN 24 HOUF ENCIL IN TEM 18. AMINER ALONG IV AMINER ALONG IV FRANSIT PERMIT. FORTAL HYGIENE, DI REMOVAL.			TE CAUSE (a) Ceren	iral (hro	mbosisc	Hp hasia	7 Weeks
ST N N N N N N N N N N N N N N N N N N N		4340	DUE TO, OR AS A CO	ONSEQUENCE OF			
PRE CIL NER		Canditians, if any, whice gave rise to immediate	(b) Ceve	bral Art	eriosclera	515	Ov. I year
UTED WITHIN IN PENCIL IN EXAMINER A RIAL TRANSIT O MENTAL HY		lying cause last.	DUE TO, OR AS A CO	INSEQUENCE OF			
m 0- 4-0-			(c)				
DIVISION OF VITAL RECORDS, 301 W. PRE S CERTIFICATE SHOULD BE EXECUTED WITH RITHOUTH WAS DEVELOR OF THE WORD "PENDING" IN PENCIL EXAMINES TO THE CHIEF MEDICAL EXAMINES E 3 SHOULD BE USED AS A BURLA-TRAND E DEPARTMENT OF HEALTH AND MENTAL PROPERTO BURLA, CREMATION, OR REMONDED TO BURLA, TO B	-	PART 2 OTNER SIGNIFICANT CONDITION	CONTRIBUTING 10 DEATH BUT NOT RE	LATED TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PA		
RECORDS  JID BE EXE PENDING F MEDICA F MEDICA F MEDICA F MEALTH AV IREMATIOI	_	Caremoma	of the Brea		netastasis	(ov. 24rs	
SHOULD ORD "PER CHIEF A E USED OF HEAD IAI, CRE/	2 0	19a. DATE OF OPERATION	196. CONDITION FO	R WHICH OPERATION W	AS PERFORMED?		20. AUTOPSY?
F VITAL TE SHOU WORD WORD HE CHIE D BE US ENT OF SURIAL,	CERTIFICATION						YES NO
NOF V ICATE THE WC OULD B TAENT		21g. EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PART )	OR PART 2)
JON TO THE REPORT OF THE REPOR	MEDICAL	CONTRIBUTING CAUSE OF		19			
DIVISIO IS CERTIF RITING T SE 3 SHO TE DEPAR	Ne Ne	21d. INJURY OCCURRED WHILE DOT WHILE	21e PLACE OF INJUR		CATION STREET	CITORIOWN	COUNTY
D WRING WAR		AT WORK AT WORK					
ATE: ORV		220. I certify that I taak cha	ge af the remains described of	bave, held an Autap	sy 🔲, Inspection	n 🔀, Inquiry 🔲, and in	my apinian
EXAMINER CERTIFICATION BE FOI DIRECTOR: WITH THE ARYLAND, 2		death resulted fram: Nat	ral causes Acciden	t , Suicide	, Hamicide .	Undetermined manner .	
X X X X X X X X X X X X X X X X X X X		/ 1	- 0 . 0	1.	TITLE (SPECIFY)		
A AL E	-	SIGNATURE Warus	D. 13nd	M> "	N.D	MEDICAL EXAMINER S	GIGNED MAR 19,1979
DIC NER SI OREA	2	EXAMINER'S NAME \4/	77			1	
TO MEDICAL EXAMINER: THIS CERTIF EXECUTE THE CERTIFICATE, WRITING J PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 3 SHO AFTER DEATH, WITH THE STATE DEPAR BALLIMORE, MARYLAND, 21201 PRIOR J		(TYPE OR PRINT) War	ren U. Brill	M.D.	ADDRESS 2 DUC		Wash. Dc 20036
EXE PACT PACT PACT PACT PACT PACT PACT PACT	230.	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY C		23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		Burial	23 Mar 79	Rock Creek	Cemetery		L. S. halande
DHMH - 17		UNERAL DIRECTOR	ADDRESS 14	32 You Stre	et, N. WASO. DATE	MODESTE DISTRIPTION OF REGISTRA	AR'S SIGNATURE
(VR A15 ME (5)) 30M 7/73	M	. Ernest Jarvis	Co., Inc.,	ashington,	D. C.		

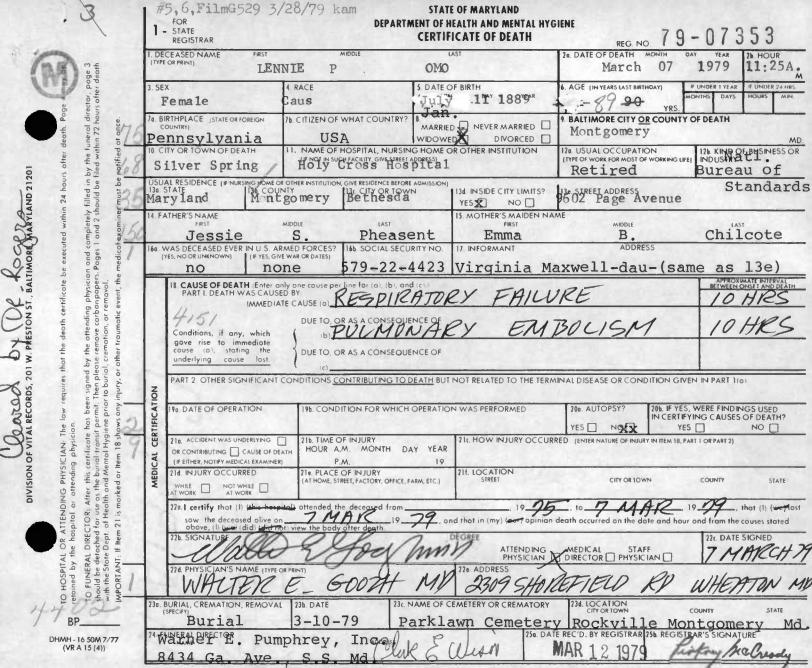
DIVISION OF VIT

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME a. DATE KNOWN (TYPE OR PRINT) OF ESTI-DIRECTOR. OUR FILES. DEATH MATED SEX DATE OF BIRTH & AGE (IN YEAR! E UNDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED DEAD 7a BIRTHPLACE (STATE OR OR COUNTY OF DEATH MARRIED | NEVER MARRIED WASHINGTON. U.S.A. WIDOWED DIVORCED Lmer TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK KIND OF BUSHIESS OR INDUSTRY 1136 COUNTY 13d INSIDE CITY LIMITS? 21201 OF WITAL 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST JOHN O'CONNOR BRENNAN FLORENCE 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS DIVISION (YES, NO, OR UNKNOWN) SAME AS 13 FATHER 216-84-3686 JOHN W. O'CONNOR CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF OR REMOVAL Conditions, if ony, which gove rise to immediate cause (o) stating the under-OR AS A CONSEQUENCE OF lying cause last. CREMATION, O DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION OFERATION WAS PERFORMED? 19b. CONDITION FOR WHICH 20. AUTOPSY? DEPARTMENT OF PRESIDENT OF PRES bne YES [ NO-21a EXTERNAL CAUSE WAS 21b. TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (ATHOME, WARDED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE COUNTY AT WORK AT WORK STATE C Inspection L DIRECTOR: I 22a. I certify that I toak charge of the remains described above, held an Inquiry ond in my opinion death resulted from Notural couses Suicide Homicide Undetermined monner TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, NA ADDRESS 1919 SEMINARY ROAD. ROGERS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY STAT MD. ROCKVILLE MONT. 3/20/79 PARKLAWN BURTAL BP 24 FUNERAL DIRECTOR 250, DATE REC'D, BY REGISTRAR 25b. RECHSTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND

TOWN S. SCORES

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

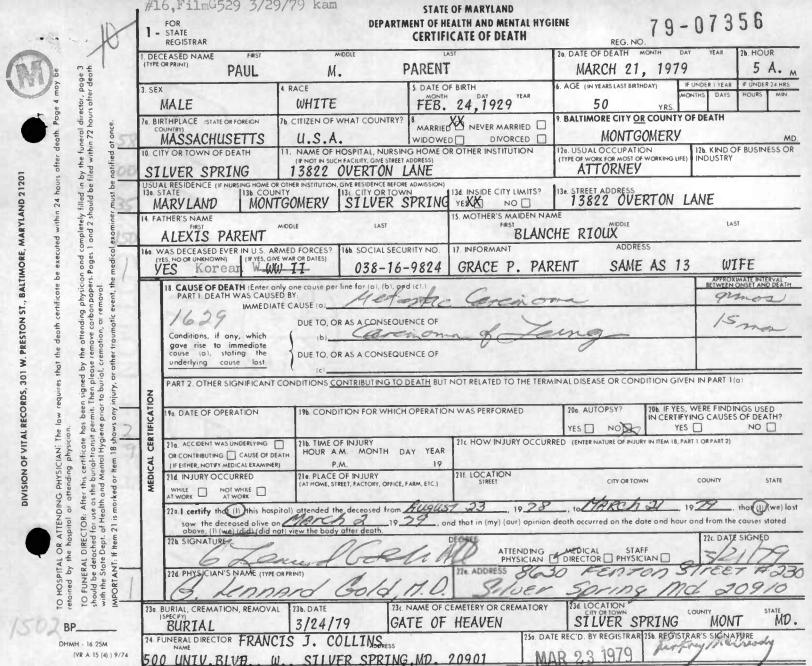
FOR

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BUTTAL FRANCIS J. COLLEGE 

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE OF DEATH MONTH ITYPE OR PRINT RUTH EATON PARHAM XXXXX MARCH 19, 1979 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR HOURS MAY 20, 1920 FEMALE CAUCASTAN BIRTHPLACE ISTATE OF FOREIGN 7% CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MONTANA USA MONTGOMERY COUNTY DIVORCED [ O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17h KIND OF BUSINESS OR NATIONAL NAVAL MEDICAL CENTER E OF WORK FOR MOST OF WORKING LII BETHESDA DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 JSUAL RESIDENCE LIF NURSING FOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE HIS COUNTY 13d. INSIDE CITY LIMITS? 3801 N. OAKLAND STREET VIRGINIA 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME STUART 66 DAISY FATON EATON 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT I YES, NO OR UNKNOWN) I HE YES, GIVE WAR OR DATES) JOHN C. PARHAM 3801 N. OAKLAND ST ARLINGTON 569-44-5218 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: cardiorespiratory failure IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF pneumonia Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost cervix carcinoma PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 70h. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Mental Hygiene NOIX 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER) 21f. LOCATION 71d. INJURY OCCURRED 718 PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.1 CITY OF TOWN COUNTY STATE NOT WHILE 220 I certify that /1/(this hospital) attended the deceased from MARCH 19 sow the deceased alive on MANUT 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated If Hem 226. SIGNATUN 22c DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 27d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should be with the S NNMC BETHESDA, MD. 20014 D. REEVES. M.D. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY (SPECIFY) BURIAL 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 ARLINGTON FUNERAL HOME ARLINGTON, VA. (VR A 15 (4))

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-07359

-		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N		010	
1		CEASED NAME OR PRINT)	FIRST	T	PLIZABETH	1	AS1	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
			Grac	e.	E	1	elter	3-	21-	74	3 AM
	3. SE:		4	RACE		S. DATE C		6 AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
		FEMALE		WHITE		SEPT	8,1908	70	YRS.	ONINS DATS	MOOKS MIN.
9		IRTHPLACE ISTATE OR I	OREIGN 7	b. CITIZEN OF V	VHAT COUNTRY?	8 AAA DDIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
75	_	ENNSYLVAN	[A	U.S.A.		WIDOWE	1/1/	montgo	mer	V	MD.
2	10 C	ITY OR TOWN OF DE	ATH 1	1. NAME OF H			R OTHER INSTITUTION	The USUAL OCCUPATION WORK FOR MOST	TION /	12b. KIND O	OF BUSINESS OR
108	51	Luce Sa	Ring	HOL	1 (Ro		Hospital	HOUSEWIFE	OF WORKING LIN	INDUSTRY	
	USU.	AL RESIDENCE IN MUR	SING HOME OR C			E ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
35		MARYLAND		GEORGES	GREENBI		YEXX NO	6003 C		200 COL	IRT
0	14 FA	ATHER'S NAME	441	DDLE	1221		15. MOTHER'S MAIDEN NA	ME MIDDLE			
103		ANTHONY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DOLL	MARION		PHILO	MENA		KUTZ	
2		WAS DECEASED EVER	IN U.S. ARM		166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	RESS		
De Of	(85	NO	TH 163, 0176 V	**************************************	188-50	0-6157	VIRGINIA E.	PELTER	SAME /	AS 13 T	AUGHTER
E		18 CAUSE OF DEA	TH (Enter only	one couse per	line for (o), (b), on	dicilla	- 4 -	1.		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
20	- 3	PART I. DEATH V	VAS CAUSED IMMEDIATE		YETAS	TAT	10 CAT	· brai.	$\sim$	5)	month S
		1629			AS A CONSEQUE	ENCE OF	1.				
		Conditions, if any	, which	(b)	CAre	·NO	ne lu	ng			
5	000	gove rise to im		DUE TO OR	AS A CONSEQUE	ENCE OF		0			
			ng the	DUE TO, OR	AS A CONSEQUE	ENCE OF		0			
		couse (a), state underlying couse	ng the e lost.	(c)			NOT RELATED TO THE TERM	INAL DISEASE OR COM	NDITION GIVI	EN IN PART 1	01
	NOI	couse (a), state underlying couse	ng the e lost.	(c)			NOT RELATED TO THE TERM	INAL DISEASE OR COM	NDITION GIVI	EN IN PART 1(	01
	CATION	couse (a), state underlying couse	ng the lost.	(c) ONDITIONS <u>CO</u>	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CON	20b. IF YES	, WERE FINDII	NGS USED
9	RTIFICATION	couse (a), state underlying couse	ng the lost.	(c) ONDITIONS <u>CO</u>	INTRIBUTING TO	DEATH BUT			20b. IF YES	15	NGS USED
9	CERTIFICATION	PART 2 OTHER SIG	ng the e lost.  NIFICANT CO	(c)	INJURY	DEATH BUT		200 AUTOPSÝ?  YES NO	20b. IF YES IN CERTIFY	, WERE FINDII YING CAUSES	NGS USED OF DEATH?
9 9	CAL CERTIFICATION	PART 2 OTHER SIG	ng the e lost.  NIFICANT CO	(c)	INTRIBUTING TO I	DEATH BUT	N WAS PERFORMED	200 AUTOPSÝ?  YES NO	20b. IF YES IN CERTIFY	, WERE FINDII YING CAUSES	NGS USED OF DEATH?
999	EDICAL	COUSE (0), stoti underlying cous:  PART 2 OTHER SIG  19a DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING [ (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR	ng the lost.  NIFICANT CO	196 CONDITIONS CO	INTRIBUTING TO I	OPERATION  AY YEAR  19	N WAS PERFORMED	200 AUTOPSÝ?  YES NO	20b. IF YES IN CERTIF' YES URY IN ITEM 18, PA	, WERE FINDII YING CAUSES	NGS USED OF DEATH?
9 9	CAL	COUSE (0), stoti underlying cous  PART 2 OTHER SIG  19a DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING [ (IF EITHER, NOTIFY MEDI	ng the lost.  NIFICANT CONTINUE CAUSE OF DEATL CALEXAMINER)  TRED	196 CONDITIONS CO	INTRIBUTING TO I	OPERATION  AY YEAR  19	216. HOW INJURY OCCURE	200 AUTOPSY?  YES NO	20b. IF YES IN CERTIF' YES URY IN ITEM 18, PA	, WERE FINDING CAUSES	NGS USED S OF DEATH? NO []
9 9 9	EDICAL	PART 2 OTHER SIG	ng the lost.  NIFICANT CONTINUE CAUSE OF DEATICAL EXAMINER)  CRED  WHILE CONTINUE CO	196 CONDITIONS CO 196 CONDITIONS CO 196 CONDITIONS CO 196 CONDITIONS CONDITIO	TION FOR WHICH FINJURY A. MONTH D. A. DE INJURY SET, FACTORY, OFFICE, I	OPERATION  AY YEAR  19  FARM, ETC.)	216. HOW INJURY OCCURE	206 AUTOPSY? YES NO CITY OR TO	20b. IF YES IN CERTIF' YES URY IN ITEM 18, PJ	WERE FINDING CAUSES THE PROPERTY OF PART 2)	NGS USED OF DEATH? NO STATE
9 9	EDICAL	PART 2 OTHER SIG	ng the lost.  NIFICANT CO	196 CONDITIONS CO 196 CONDITIONS CO 196 CONDITIONS CO 196 CONDITIONS CONDITIO	FINJURY  A. MONTH D.  A. DE INJURY  deceosed from	OPERATION  AY YEAR  19  FARM, ETC.)	21c. HOW INJURY OCCURE	206 AUTOPSY? YES NO CITY OR TO	20b. IF YES IN CERTIF' YES URY IN ITEM 18, PJ	WERE FINDING CAUSES THE PROPERTY OF PART 2)	NGS USED OF DEATH? NO STATE
9 9	EDICAL	PART 2 OTHER SIG	ng the lost.  NIFICANT CO	196 CONDITIONS CO 196 CONDITIONS CO 196 CONDITIONS CO 196 CONDITIONS CONDITIO	FINJURY  A. MONTH D.  A. DE INJURY  deceosed from	OPERATION  AY YEAR  19  FARM, ETC.)	211. LOCATION SIRRET 19 d that in (my) (our) opinion of the control of the control opinion opinion of the control opinion opin	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death accurred on the or	20b. IF YES IN CERTIF' YES URY IN ITEM 18, PA	WERE FINDING CAUSES THE PROPERTY OF PART 2)	NGS USED OF DEATH? NO STATE  that (I) (we) lost couses stated
9 9	EDICAL	PART 2 OTHER SIG	ng the lost.  NIFICANT CO	196 CONDITIONS CO 196 CONDITIONS CO 196 CONDITIONS CO 196 CONDITIONS CONDITIO	FINJURY  A. MONTH D.  A. DE INJURY  deceosed from	OPERATION  AY YEAR  19  FARM, ETC.)	211. LOCATION SIRRET 19 d that in (my) (our) opinion of the control of the control opinion opinion of the control opinion opin	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death accurred on the or	20b. IF YES IN CERTIF' YES URY IN ITEM 18, PA	WERE FINDING CAUSES  TRY 1 OR PART 2)  COUNTY  ond from the	NGS USED OF DEATH? NO STATE  that (I) (we) lost couses stated
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MONTANA I HER I I STROKED OF HER I O STORY OF HIGH.	MEDICAL	PART 2 OTHER SIG	ng the lost.  NIFICANT CONTION  ATION  CAUSE OF DEATH CALEXAMINER)  RED  WHILE CONTINUE CONTI	19b CONDITIONS CO 19b CONDITIONS CO 19b CONDITIONS CO 19b CONDITIONS CO 19b CONDITIONS C	TION FOR WHICH  TION FOR WHICH  TINJURY  A. MONTH D.  A.  DE INJURY  deceosed from  other death.  PERT  23c. 1	OPERATION  AY YEAR  19  FARM, ETC.)	211. LOCATION STREET  214 that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  MEDICAL ST/ DIRECTOR PHYS	20b. IF YES IN CERTIFY YES URY IN ITEM 18, PA	COUNTY  19 75. ond from the	STATE  that (I) (we) lost couses stated  SIGNED

DHMH - 16 50M 7/77 (VR A 15 (4))

FUNERAL DIRECTOR FRANCIS J. COLLINGESS
500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

DHMH - 16 50M 7/77 (VR A 15 (4))

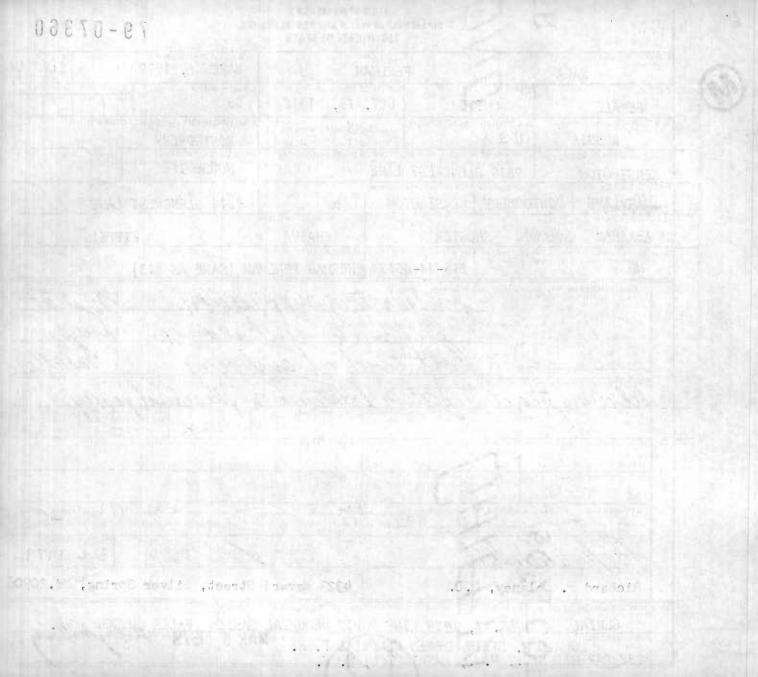
FOR STATE

	STA	TE	OF	M	ARYL	AND
DEPARTMENT	OF	HE	AL	TH	AND	MEN

TAL HYGIENE CERTIFICATE OF DEATH

79-07360

		REGISTRAR		CEMTI	ICATE OF PEATE	REG. N	0.		1
		CEASED NAME FIRST OR PRINT)	WIDDIE		AST	20. DATE OF DEATH		DAY YEAR	26 HOUR
93	1	SARA	P	PERLMA	N	MARCH 6,	1979		2:30 AM
	3. SEX		4 RACE	5. DATE C		6. AGE   IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
		FEMALE	WHITE	OCT.	15, 1912°	66	YRS.		
37		OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY C		Y OF DEATH	
11	IA CI	RUSSIA	11. NAME OF HOSPITAL, NURSIN	WIDOWE		MONTGOMI 120. USUAL OCCUPAT		125 KIND O	MD. F BUSINESS OR
00	K	ENSINGTON AL RESIDENCE (IF NURSING HOME OR	9619 GLENCREST	LANE	NOTICE WAS THE TOTAL OF THE TOT	HOUSEWI!			1 000 11 12 0 1
35	130 S	MARYLAND "MONT	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY ISL CITY OR TOWN KENSINGT		YES 🖄 NO 🗌	13. STREET ADDRESS 9619 GLEN	ICREST	LANE	
150		ABRAHAM SOLON	MON SHUSTER LAST		IS. MOTHER'S MAIDEN NAM CHATYA	WIDDLE .	K	(IPPEL LAS	т
7	160 W	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN)   18 YES, GIVE	F WAR OR DATES)		17 INFORMANT	ADDR		Behall	
		NO	215-44-4	1513	HERMAN PERLM	AN (SAME AS	3 #13)		MATE INTERVAL DNSET AND DEATH
3	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO D  196 CONDITIONS FOR WHICH	NCE OF EATH BUT	ratereme	PES IN NOTES	20k IF YE IN CERTI	WERE FINISHES	IGS USED
7		OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH DA	YEAR	The state of the s	ED (ETTER TATIONS OF THE	KT WYTEN 70, 1	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		sow the deceased alive an above, (1) (we) (did) (did no	ital) attended the deceased from 197		9 · 14 · 78, 19 Id that in (my) (aur) apinion o	, todeoth occurred on the d	ote and has	ur and from the	
		774 PHYSICIAN'S NAME (THE	reglist	(	ATTENDING PHYSICIAN  220 ADDRESS	MEDICAL STA	FF CIAN []	3.6	. 1979.
1		Richard P. De		100	4323 Havard	Street, Si	lver	Spring,	Md.20906
	15	BURIAL CREMATION, REMOVAL SPECIFY) BURIAL UNERAL DIRECTOR	MAR. 7, 1979 KI	ING DA	25. D.M	23d. LOCATION CITY OR TOWN GARDEN REPORT PROOF	LLS CA	AND DESCRIPTION OF THE PERSON	STATE
		232 CARROLL ST	M. STEIN HERREW TR., N.W., WASHIN	MEMOT NGTON,	D. C.			/	./



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STATE OF MARYLAND

DEDARTMENT OF MEALTH AND MENTAL BYCIENE

	- STATE REGISTRAR	DEI ARTI	CERTIFICATE OF DEATH	REG. NO	79-07361
	1. DECEASED NAME FIRST (TYPE OR PRINT) ISA DORE	AIDDLE	PERRY	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR - 27 - 79 74 M
	3. SEX Male	Caucasian	5. DATE OF BIRTH Dec. 25 1900	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN
7	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Russia	U.S.A.	MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	Montgor	
)	Wheaton	Manor Care		128. USUAL OCCUPATION OF Self Emp	F WORKING LIFE) INDUSTRY
00		NTY 13c CITY OR TOW	Sprayes No		ner Court
6	14 FATHER'S NAME FIRST MOTTIS	Perry	15 MOTHER'S MAIDEN NA	Unknown	LAST
	160 WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GN	rmed Forces? 166 SOCIAL SECU VE WAR OR DATES) 187–16–		erry/2407 1	Esther Ct. SS,Md.
The second secon	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT	(b)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO	ENCE OF  DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING [	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
	OR CONTRIBUTING CAUSE OF DE  OR CONTRIBUTING AUSE OF DE  O	P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F  pitol) ottended the deceosed from  not) New the body offer deoth.  OR PRINT)	, 19 68 , ond that in my (our) opinion  DEGREE  ATTENDING PHYSICIAN  27e. ADDRESS  1/602 GA.	CITY OR TOV  1 to 3 = 6  1 deoth occurred on the do  MEDICAL STAI  DIRECTOR   PHYSIC	COUNTY STATE  19, that (1) (we) lost ote and hour and from the causes stated  22c DATE SIGNED
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	3/28/79 Ki	NAME OF CEMETERY OR CREMATORY .ng David Mem.Pk	Z3d LOCATION CITY OR TOWN	county state nurch Fairfax. Va.

DHMH - 16 50M 7/77 (VR A 15 (4))

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24. FUNERAL DIRECTOR
W.W. Cham Chambers Co., Silver Spring, Md

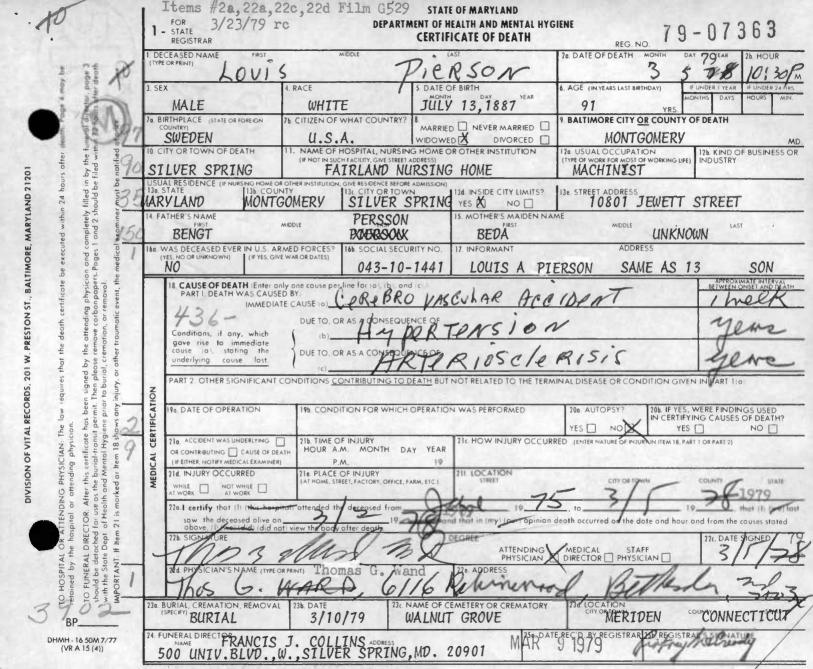
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-07362 CERTIFICATE OF DEATH 2a. DATE OF DEATH DECEASED-NAME First Middle Last 2b. HOUR (Type or print) March Catherine Petresine 10:15 AM Anne 4 RACE S. DATE OF BIRTH 6. AGE (In years IF SINDER 24 HRS 3. SEX IF UNDER 1 YEAR MONTHS DAYS last birthday) HOURS December 3.1887 Female Caucasian 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) New York Montgomery U.S.A. WIDOWED D DIVORCED [7] 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 10 CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Housewife give street address)

Montgomery General Hesp. INDUSTRY DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Olney 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER Montgomery Gaithersburg YES x 16 Brighten Drive 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Last Middle last Capalle Petrille Gerane Anne 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Ad 16 Brighton Drive (Yes, no, or unknown) (If yes give war or dates of service) burial-transit permit. Then please remave carban papers. 091-09-073hD Resalie Patricia Schwind Gaithersburg, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Terminal Pheumonia IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Congestive Heart Failure Conditions, if any, which gove ) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) been signed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO | certificate has 21a. ACCIDENT WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) UNGERLYING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natity medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 1923, 19, to 3-27, 1979, that (I) (we) last saw the deceased alive an 3-26 1979, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN'S 22e. ADDRESS Gaithersburg Medical Center 108 N. Fred. Ave., Gaithersburg, Md. NAME (Type) m. D. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) March 31, 179 Calvary & Allied Cometeries Long Island Queens 256. REGISTRAR'S SIGNATURE ADDESE Diamond AVESO REC'D BY REGISTRAR 24. FUNERAL DIRECTOR OHMH-16 1/71 30M Gaithersburg. Md. Gartner-Sandison F. H. (VR A15 (4))

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Hace / Elnald E. H. 11200 M. B. Ave. C. S. No.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN PO 2b. HOUR OF ESTI-(TYPE OR PRINT) 830p Alejandro Luis Portal 2d. HOUR 6. AGE (IN YEARS 3. SEX 4. RACE IF UNDER 24 HRS DATE 58 VOC PRONOUNCED 4719/20 830p male white DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED CUBA U.S.A. DIVORCED ID CITY OR TOWN OF DEATH BUTCHER 3d. INSIDE CITY LIMITS 13e. STREET ADDRESS 13a STATE 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE JUANA OLIVA 17 INFORMANT 14705 OLD BARN CT SON **ADDRESS** SILVER SPRING, MD. 265-76-8408 LUIS A. PORTAL. JR. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL, o he YES [ 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. AT WORK NOT WHILE STREET COUNTY STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN 220. I certify that I took charge of the remains described above, held an Natural causes Undetermined manner Hamicide death resulted from: TITLE (SPECIFY) DAY 12 vcl2/1979 SEMINARY ROAD, SILVER SPRING, MD. 1919 23c. NAME OF CEMETERY OR CREMATORY 3 DRIAL CREMATION REMOVAL 236, DATE BURTAL 3/28/79 GATE OF HEAVEN SILVER SPRING MO 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR FRANCIS J. COLLINS **DHMH** - 17 (VR A15 ME (5)) 500 UNIV. BLVD. W. SILVER SPRING. MD. 20801 15M 7/76

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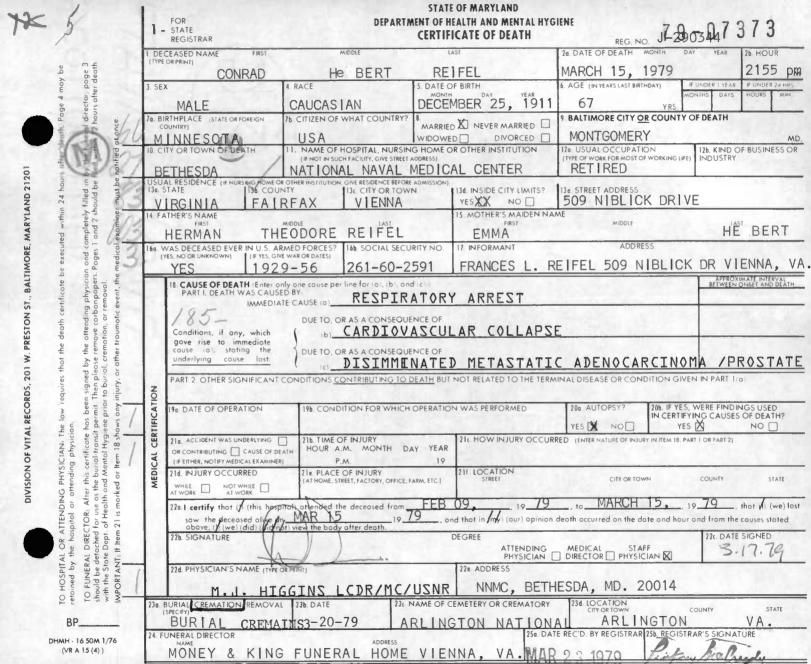
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN I MONTH (TYPE OR PRINT) William OF ESTI-Anthony Rehrey 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR 5. DATE OF BIRTH DATE LAST BIRTHDAY PRONOUNCED 11:35 DEAD 71 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRY) USA New York DIVORCED ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF OR INDUSTRY **Adventist Hospita Washington Printer DC Govt. 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 130. STATE NO [ 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE Rehrey Mary Mc Intrye George 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO. 6508 Fiander Dr. DIVISIO 578-14-6004 WWII Leslie B. Rehrey Hyattsville, Md. 20783 Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B. AUTOPSY? BURIAL YES NO-E 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED CENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 0 21e. PLACE OF INJURY (AT HOME. II. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy and in my apinian Natural causes Undetermined manner death resulted fram: Hamicide FUNERAL DIRE TITLE (SPECIFY) 42xch 7,1279 John S. Rogers 1919 Seminary Rd. Silver Spring, Md. 230 BURIAL CREMATION REMOVAL 236 DATE 23r NAME OF CEMETERY OR CREMATORY 23d, LOCATION (SPECIFY) Mar. 10.79 Burial Ft. Lincoln Brentwood, Prince George . Md . 4. FUNERAL DIRECTOR 11800 New Hampshire Ave. DHMH - 17 (VR A15 ME (5)) Hines/Rinaldi Funeral Home Silver Spring, Md. 15M7/76

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) MARTIN REILLY L. 26 1 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 24 MRS MALE WHITE YEAR SEPT 2, 1913 7a. BIRTHPLACE ISTATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** Th CITIZEN OF WHAT COUNTRY MONTGOMERY CO **PENNSVI VANTA** WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS TYPE OF WORK FOR MOST OF WORKING LIFE **BETHESDA** SUBURBAN HOSPITAL MANUFACTURING MARTY REILLY CO USUAL RESIDENCE, HE NURSING HOME OR OTHER INSTITUTION. 13a STATE 1200 OLD GEORGETOWN ROAD MARYLAND MONTGOMERY ROCKVILLE YES K 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST O' CONNOR PETER REILLY ANNE 19 LODGE DRIVE 17 INFORMANT DAUGHTER 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! MARY ANNE STANTON ROCKVILLE.MD. 577-07-0903 NO APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DE ATH WAS CAUSED BY m IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190 DATE OF OPERATION 200 AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE 26 march 1974 220 1 certify that (1) (this haspital) attended the deceased from. sow the deceased alive an 2/ NOV obove three) (did) (do not) view the body after death .19<u>28</u>, and that in (my) (aur) apinion death occurred on the date and hour and from the couses stated 77h SIGNATURE DEGREE 22c, DATE SIGNED MEDICAL STAFF should be detowith the State [ PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22e ADDRESS 37d PHASICIAN'S NAME TIME OF PENT It he Betwa we rung 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION BURTAL 3/29/79 GATE OF HEAVEN OOCBP STIVER SPRING -MONT 24 FUNERAL DIRECTOR FRANCIS J. COLLINGORESS DHMH - 16 50M 1/76 (VR A 15 (4)) 500 UNIV. BLVD. . W. . SILVER SPRING

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED IF UNDER 24 HRS. 2c. DATE LAST BIRTHDAY) PRONOUNCE DEAD TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. NEW YORK WIDOWED P DIVORCED FILED, V 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH RAIL ROAD SHOULD BE F RECORDS, 3 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INST 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 3a. STATE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME KNACK MIDDLE MIDDLE OF VIT AMELIA REUM 166 SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) ( IF YES, GIVE WAR OR DATES) ELLEN UPDIKE SAME AS 13 DAUGHTER 706-14-5108 NO APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION one 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 9 TO BURIAL YES NO DO E 3 SHOULD BE DEPARTMENT PRIOR TO BURIA 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M III. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.) STATE NOT WHILE CITY OF TOWN COUNTY AT WORK AT WORK Inspection -220. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinian Accident Natural causes Suicide Hamicide Undetermined manner death resulted fram: TITLE (SPECIFY) 2212 och 31, 1979 MEDICAL EXAMINER 1919 SEMINARY ROAD, SILVER SPRING, MD. ROGERS ADDRESS TYPE OR PRINT PROSPECT HILL CEMETERY 23a BURIAL, CREMATION, REMOVAL 23b. DATE VTRGIN1 FRONT ROYAL 4/3/79 BURIAL 250. DATE REC'D. BY REGISTRAR 256. PGGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 4. FUNERAL DIRECTOR FRANCIS J. COLLINS 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901 **DHMH-17** (VR A15 ME (5)) 15M 7/76

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TNIN# STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2a DATE OF DEATH MONTH 2b HOUR Richards TYPE OR PRINTI BB NFN MMN LICHARZO" 3 SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR Male Black DAYS 15 79 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** TO BIRTHPLACE STATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY) U.S.A. MD Montgomery DIVORCED [ WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Washington Adventist Hospital Takoma Park DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 130 COUNTY 131 CITY OR TOWN 130 STREET ADDRESS 12507-102 Village Square Terr. 13a STATE Rockville 13d INSIDE CITY LIMITS? plag Montgomery 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME P Kelvin Keith Richards Jennifer MMN Spears 16h SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN (YES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVA 8 CAUSE OF DEATH (Enter only one couse per line for 101,1 b), and c PART I. DEATH WAS CAUSED BY 4 minutes IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE QUE Canditians, if any, which gave rise to immediate cause (0), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 CERTIFICATION Premature rupture of membranes prior 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO F ental Hyg 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ò (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from _____ sow the deceased alive an and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated obave, (1) (we) (did) (did nat) view the bady after deal 22b. SIGNATURE DEGREE 77r. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR * STAFF MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS with the S 230 NAME OF CEMETERY OR GREMATORY 23d LOCATION 23a BURIAL CREMATION, REMOVAL 23b. DATE 7600 Carroll Ave. Takoma Pk 3-26-79 Cremation Washington Adventist TAKOMA PACK, MD 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 7600 CARROLL AVE (VR A 15 (4))

WIN#Z STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 2a DATE OF DEATH DECEASED NAME FIRST 2h HOUR Richards # TYPE OR PRINTS Natasha MMN 4. RACE AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH IF LINDER 1 YEAR IF LINDER 24 HR 79 AR Black 1 minute 7a. BIRTHPLACE ISTATE OR FOREIGN COUNTRY 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery U.S.A. WIDOWED [ DIVORCED T 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 176 KIND OF BUSINESS OR INDUSTRY Takoma Park "Washington"Adventist Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Montgomer 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS illed bold b Rockville MD 12507-102 Village Square Terr. NO [ 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Kelvin Keith Richards Jennifer MMN Spears 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES) no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY PREMATURI Mur Dint IMMEDIATE CAUSE (a) PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS. Premature rupture of membranes 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO I 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d INJURY OCCURRED THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a | certify that (1) (this hospital) attended the deceased from saw the deceased alive an , and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated obave, (1) (we) (did) (did not) view the bady after death 22h SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF 3.11 PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS LOCUST HILL ROAD SETHESDA, MD 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION TAKONA 23b. DATE 3-26-79 Washington Adventist x cremation 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MD ZODIZ DHMH - 16 50M 7/77 (VR A 15 (4)) 7600 CARROLL AVE, TAKOMA PARK

Nalley's F.H. Inc. Mt. Rainier. Md.

FOR

REGISTRAR

- STATE

DHMH-16 20M

(VRA 15, 4) 7/7B

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR		CERTI	FICATE OF DEATH	REG. NO.	19-01301
	1 DECEASED NAME (TYPE OR PRINT)		Rosen	borg	Feb. 16, 19	ONTH DAY YEAR 25 HOUR 2:00 A M
	3 SEX Male	4 RACE Whit			6 AGE (IN YEARS LAST BIRTHE	
7	7a BIRTHPLACE (STATE OR FOR COUNTRY)  Sweden	Swe	what country? 8 MARRIE WIDOW	ED NEVER MARRIED	MONTO	
0	Bethesda	(IF NOT IN \$1.50)	HOSPITAL, NURSING HOME CHEACILITY, GIVE STREET ADDRESS!	Drive	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Diplomat	
5	USUAL RESIDENCE (IF NURSIN 130 STATE Maryland	G HOME OR OTHER INSTITUTION 30 COUNTY MONTGOME 2	give residence before admission, 130 CUY OR JOWN Bethesda	13d. INSIDE CITY LIMITS?	5208 Worthi	ngton Drive
4	14 FATHER'S NAME FIRST  OLOY	WIDDLE	Rosenborg	15 MOTHER'S MAIDEN N. FIRST Unknow	WIDDLE	Unknown
	160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES]	None	17 INFORMANT Son Staffan Ros	enborg. 4619	Washington D.C. Western Ave N.W.
	PART I. DEATH WA	which diote the lost (c)	RAS A CONSEQUENCE OF RAS A CONSEQUENCE OF ROS A CONSEQUENCE OF	heart to	Cent distant	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 days.  15 + years
	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDER		ITION FOR WHICH OPERATIO		200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \sum \text{NO} \sqrt{\text{NO}} \)
	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE NOT WHILE	USE OF DEATH EXAMINER)  D  21e PLACE (AT HOME ST	M. MONTH DAY YEAR M. 19	211 LOCATION STREET	RRED (ENTER NATURE OF INJURY)  CITY OR TOWN	
	22a.1 certify that (1) (the same the deceased	his hospital) attended th	after death 19 79, o	DEGREE	MEDICAL STAFF	19 79 that (1) (we) lost e and hour and from the causes stated  22c. DATE SIGNED  16 Feb 79

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After should be detoched for use as twith the State Dept. of Health a etained by the haspital

MPORTANT: If Item 21 is

23a. BURIAL, CREMATION, REMOVAL Cremation

FOR

23c NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory

22e ADDRESS

Washington, D.C. 20016 23d LOCATION CITY OR TOWN Suitland, Maryland.

3301 New Mexico Ave. N.W.

24. FUNERAL DIRECTOR \$138 WISG. AVE., R. W. WASH., D. C. 20018

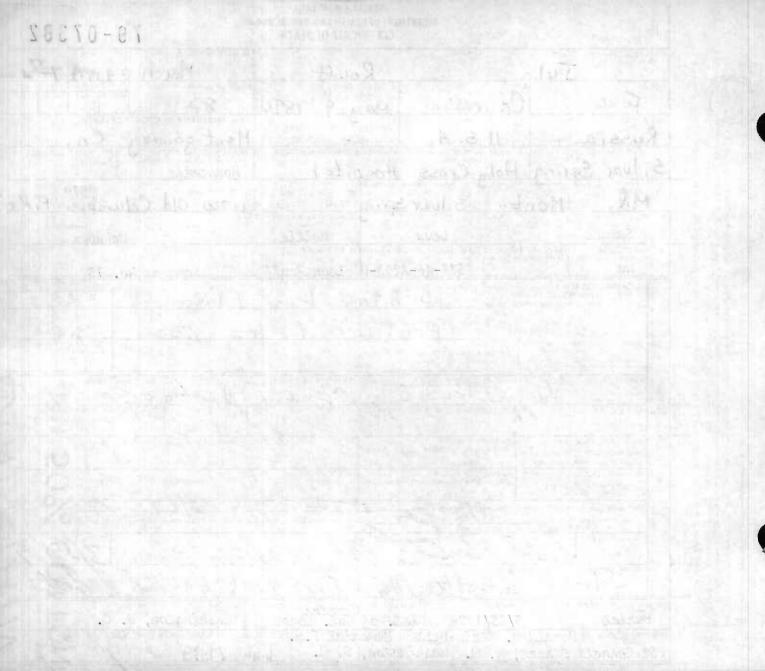
236. DATE

Richard M. Huffman

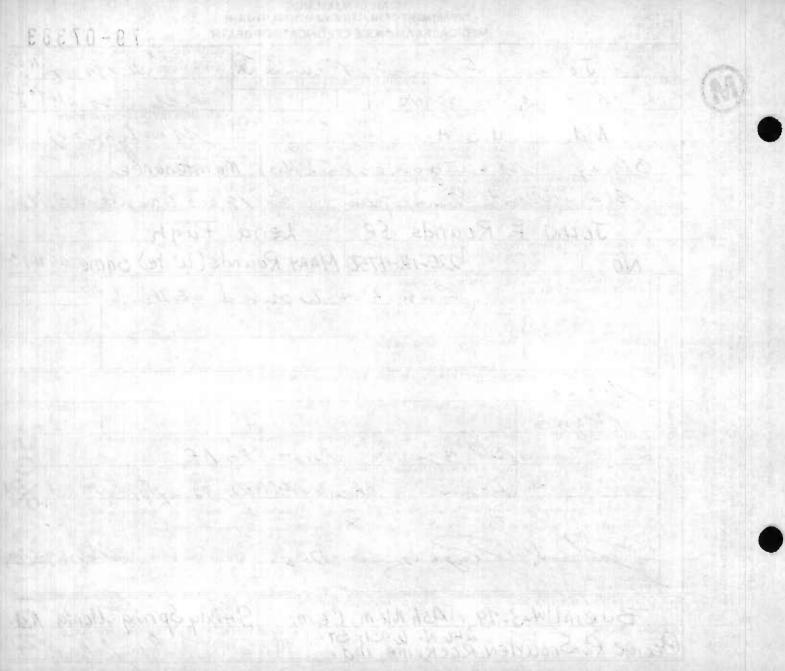
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH (TYPE OR PRINT) AGE (IN YEARS LAST BIRTHDAY 3. SEX IF UNDER I YEAR MONTH CAYS HOURS emale casian To BIRTHPLACE STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED WIDOWED DIVORCED T gomer 4 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR [TYPE OF WORK FOR MOST OF WORKING LIFE] INDUSTRY Housewife DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 JSUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 INSIDE CITY LIMITS? 13e STREET ADDRESS NO [ 700 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE 2/50 Samuel Mollie Levu Unknown ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) No 578-46-8200-D Leon Rouf Same as Na APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a)_(b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. 0. PART 2 OTHER SIGNIFICANT/CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? shaws NO YES NO [ Mental Hygie 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased than saw the deceased alive of and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated obave, (1) fee (did) (did not) view the bady after deat 276. SIGNATURE 77L DATE MIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22d PHYSICIAM'S NAME (TYPE OR PHINT 22e. ADDRESS should be 230 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 236 LOCATION Washington, D. C. STATE Burial Lodge BP 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Donald M. Stein Hebrew Memorial DHMH - 16 50M 7/77 (VR A 15 (4)) Washington, D. C. 232 Carroll Street. N. W.

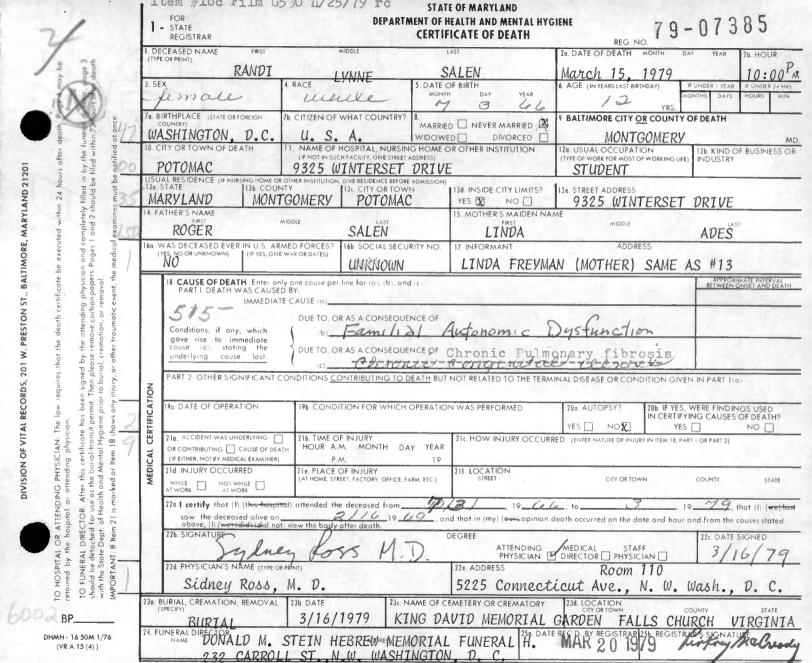


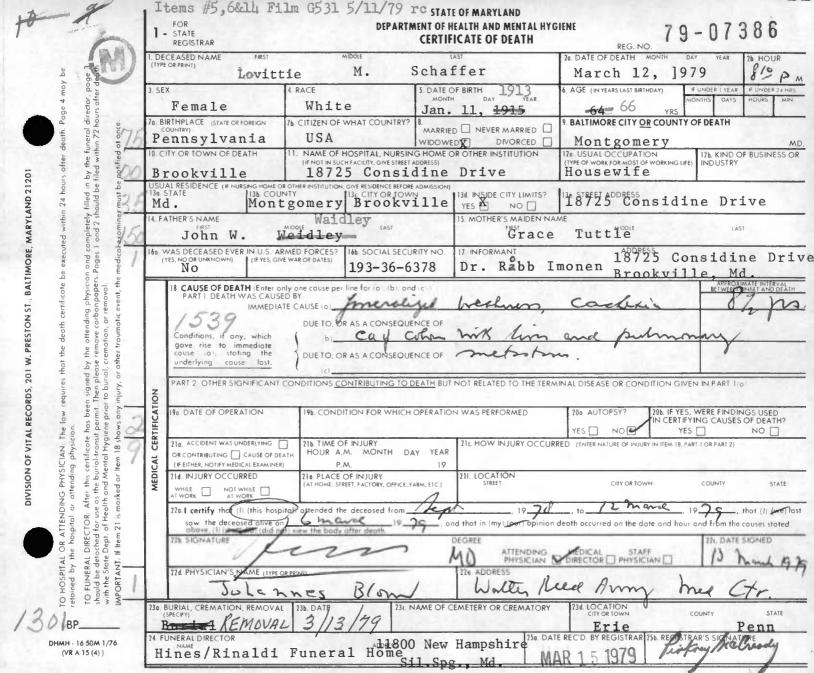
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED SEX 4 RACE DATE OF BIRTH IF UNDER 24 HRS 2c. DATE MONTH LAST BIRTHDAY) PRONOUNCED DEAD TO BIRTHPLACE (STATE OR LITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED DIVORCED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY nance USUAL RESIDENCE HEIN NERSING HOME OR OTHER INSTITUTION GIVE RESIDE LE BEFORE ADMISSION 130 STATE CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS DAGES 1, 2, DRM PM 3. I AND 2 SH 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST LAST IN U.S. ARMED FORCES? 17. INFORMANT (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. ATION, O PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION OF HEA 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES 🗌 NO X RWARDED TO THE C PAGE 3 SHOULD BE STATE DEPARTMENT C 21201 PRIOR TO BURIA 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR AND MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 1979 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an and in my opinian Suicide X Natural causes death resulted fram: Accident Hamicide Undetermined manner TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, N BALTIMORE, MA MEDICAL EXAMINER MINER'S NAME (TYPE OR PRINT) ADDRESS. 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 24-EUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 15M 7/77



STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN LIYPE OR PRINTI OF ESTI-DEATH MATED . DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEA MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED T NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Own Home Housewife 13a. STATE Frederick 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c. CITY OR TOWN Ijamsville Maryland NO & Route 1. Box 8966 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST James MYERS Sarah REEVES 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Mrs Barbara RODREJennings (Dau)... IYES, NO. OR LINKNOWNI 217-48-4968 Same as 13e above 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ry Insufficiency Acote IMMEDIATE CAUSE (a) Vascular Disease -Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO M 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.1 CITY OR TOWN STATE COUNTY WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Natural causes death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL I SIGNATURE Old Georgetown Road EXAMINER'S NAME John G. Ball, M.D. Bethesda, Maryland TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 3/2/79 Rest Haven Mem Gardens Frederick, Freder Burial 24. FUNERAL DIRECTOR Charles Wm. Miller Funeral Home, **DHMH-17** (VR A15 ME (5)) 104 East Main Street, Thurmont, Maryland 15M7/76

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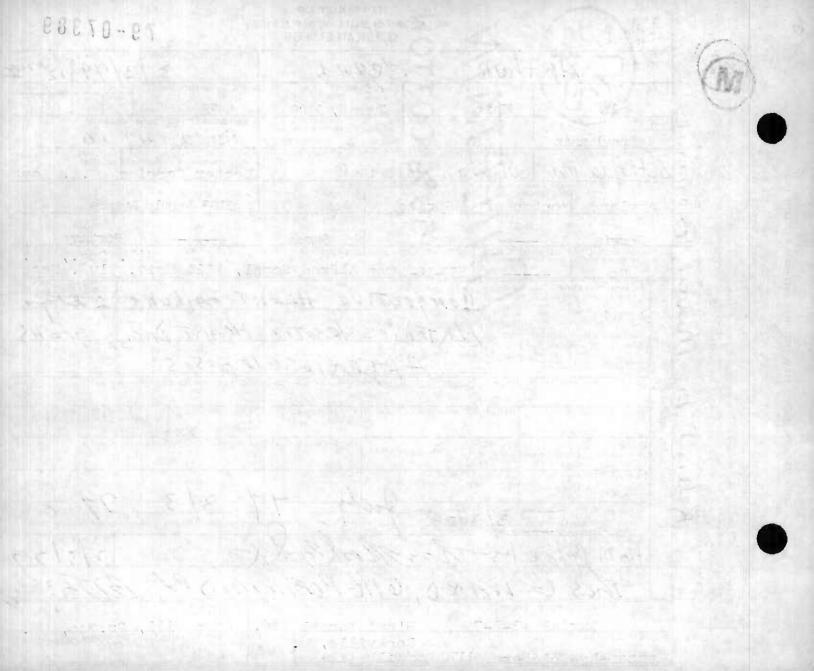
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR O DATE KNOWN DECEASED NAME OF ESTI-(TYPE OR PRINT) Maude J. SEX 4. RACE IF UNDER 1 YR IF UNDER 24 HRS DATE PRONOUNCED 8 6 YRS DEAD b. CITIZEN OF WHAT COUNTRY? 7n BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Canada Canada DIVORCED IB CITY OR TOWN OF DEATH 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Ret. Teacher Education USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Montg. 3815 Woodbine St. 13d INSIDE CITY LIMITS? 13a STATE Md. Chevy Chase 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Martin MIDDLE Florence MIDDLE Small OF VIT Terryberry 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 9638DDDEwmar Lane YES, NO, OR UNKNOWN) Not avail. Fred Schmitt Kensington. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Vascular Disease Canditions, If any, which gove rise to immediate couse (a) stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 20 AUTOPSY? PRIOR TO BURIAL, 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART T OR PART HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH WHILE AT WORK Home. Inspection X 22a. I certify that I took charge of the remains described above, held an Notural couses death resulted from: Homicide Undetermined manner TITLE (SPECIFY ACTUAL PAGE 4 SHOU TO FUNERAL DAFTER DEATH, SIGNATURE. Old Georgetown Rd. EXAMINER'S NAM John G. Ball ADDRESS Bethesda. Md. TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b, DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Birmingham. Burial Mar.21.1979 Acacia Cemetery Michigan BP 250 DATE REGIO BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ROBert A. Pumphrey Funeral DHMH - 17 Bethesda, Md. Homes. P.A. (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN MONTH [TYPE OR PRINT] OF ESTI-3/19/,79 Schools DEATH MATED Lewis Willie 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR 4 RACE S DATE OF BIRTH SEX DATE LAST BIRTHDAY) PRONOUNCED 63 DEAD 9 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY Montgomery County WIDOWED DIVORCED FILED, 120. USUAL OCCUPATION TTYPE OF WORK 12b. KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Bethesda Suburban Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13a STATE YES NO L 14. FATHER'S NAME MIDDLE FIRST AND OF W 160 WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION PAGES (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ci < 17 64 IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Cardie-Vascular Disease Canditians, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10 OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) E USED AS A E OF HEALTH A IAL, CREMATIO CERTIFICATION tes- Mellitus 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 196. DATE OF OPERATION 20. AUTOPSY? WARDED TO THE CHIE PAGE 3 SHOULD BE USE TATE DEPARTMENT OF I YES [] 214 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED AT WORK AT WORLE STATE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE DE 21201 P AL DIRECTOR: Inspection X 22a. I certify that I taak charge of the remains described above, held an Autopsy and in my apinian EXECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FOR
TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE S
BALTIMORE, MARYLAND, 2 Hamicide ____ Undetermined manner death resulted from: Natural causes TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT ADDRESS. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23b DATE RP **DHMH-17** (VR A15 ME (5)) 15M 7/76

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STATE OF MARYLAND

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STATE OF MARYLAND

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31			DIVISION OF VITAL R	ECORDS, 301 CER	W. PRESTON STRE	ET, BALTIMOR	RE, MARYLAND 21201	-07392
death. eral and 2 death.		ECEASED-NAME First (Type or print) SARA		iddle	SHAPIRO		DATE OF DEATH  MARCH  Month  Do	Y 1979 2b. HOUR 7.30/+ M
草石草	3. S		4. RACE		S. DATE OF BIRT	Н	6. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS OAYS HOURS MIN.
Page Liss a	-	FEMALE	WHITE	In	NOVEMBE		92 86 YRS.	MONTHS ONTS HOURS
24 haurs 24 haurs Popers Popers Pours		BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTI	ITU	ARRIED NEVER MARRI		UNITY OF DEATH	
illed pape	10.	RUSSIA	USA		OWED DIVORCE ON (If nat in haspital		ONTGOMERY UPATION (Kind of work dane	Md. 12b. KIND OF BUSINESS OR
withir withir ban p ban p	CH	IEVY CHASE	give street oddre	NES MILL	ROAD	during most of HOUSE	working life, even if retired.)	INDUSTRY
physician.  signed by the attending physician and campletely filled in burial-transit permit. Then please remave carban paper burial, crematian, ar remaval, and to any event, within 72	13a. adm	USUAL RESIDENCE (Where decear issian) STATE MARYLAND	sed lived, if institution: Reside 13b. COUNTY MONTGOMER	nce befare 13c.		d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER 8701 JONES A	ITLL ROAD
oe execut and cam remave	14.	FATHER'S NAME First	Middle	Last	IS. MOTHER'S MAID	DEN NAME First	Middle	Lost
e be in a ise i	_	ALEXANDER		MOFE		SHANA	LIBA	(UNKNOWN)
ertificate b physician nen please naval, andki	160	(es, no, or unknown) (If yes give	war or dates of service)	AL SECURITY NO.	17. INFORMANT	10	AME AS #13)	
certifice phy hen hen have	-	18. CAUSE OF DEATH (Enter of		28-2542	IMILDRED G	RONER 13	AIVIE AS 1131	APPROXIMATE INTERVAL
oding It. T		PART I. DEATH WAS CAUSI	D BY:	(b), and (c).)	a ele	C		BETWEEN ONSET AND DEATH
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t the		Conditions, if any, which gave	) " (	cribro	e trepul	soci		
tha an. by tran cren		rise to immediate cause (a), stating the underlying couse			1 1.		0 0-	
physician. physician. signed by the attending burial-transit permit. The		last.	(c)				ruler desages	
w requiring phase signer signature of the purity of the pu	z	PART 2. OTHER SIGNIFICANT CO	UDITIONS CONTRIBUTING TO DI	EATH BUT NOT KEE	ATED TO THE TERMINAL L	DISEASE OR CONDIT	ION GIVEN IN PART I(a)	
The la attendation of the second of the seco	CERTIFICATION		CONDITION FOR WHICH OPERAT	ION WAS PERFORM	20a. AUTOPS YES	Y?	20b. IF YES, WERE FINDINGS ( CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
AN: Il ar cate ar u Heal		21a. ACCIDENT WAS UNDERLYI		Doy Yeor	21c. HOW INJURY OCCUP	RED (Enter notus	e af injury in Part 1 ar Part 2,	Item 18.)
SICL/ Spirtd Spirtd ed f ed f	MEDICAL	(If either, natify medical exam	iner) P.M.	19				
POSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate directar, page 3 shauld be detached far ushauld be filed with the State Dept. af Heal	~	21d. INJURY OCCURRED 21e While Not while at work	. PLACE OF INJURY ( AT HOME, FA	IRM, STREET, FACTORY, )	21f. LOCATION Street	or R.F.D. No.	City or Town	Caunty State
by by Stat		22a. I certify that (I) (th	nis haspital) attended th	e deceased fro	m	1967	to 8 March, 19	79_, that (I) (we) last ate and hour and from the
TEN ined DR: /	6	causes stated abav	e, (I) (we) (did) (did nat)	view the bady	after death.	(our) opinian	dearn accurred on the ac	are and nour and from the
OR ATTENT  OR ATTENT  Be retained  SIRECTOR: A  e 3 shauld  ed with the		22b. SIGNATURE	to a		ATTENDING	MED.	STAFF 22c.	DATE SIGNED
DIR DIR		22d. PHYSICIAN'S	. (saer,	->.	DEGREE PHYS.  22e. ADDRE	DIRECTO	OR LI PHYS. LI 6	March 1919
O HOSPITAL Page 4 may O FUNERAL director, pag shauld be fill		NAME (Type) ALEA	ED BAER	4.9.	226. AUUKE	way	heigton &	e. 20037
O HOSPI Page 4 r D FUNER director, shauld t	23a.	BURIAL, CREMATION, REMOVAL (Specify) 23b.			RY OR CREMATORY		LOCATION (City or Town)	(County) (State)
5.5	24				M CEMETERY	Sa. REC'D BY REG	PROVISO  ISTRAR 25b. REGISTRAR'S	T-1-LT-NOTS
VR A15 (4) 30M REV. 1/68	-	DUNALI	M. STEIN HER STREET N.W.		KIAL F.T.	MAR 12	1070 Pertru	McCherly
		- COC-CARRULI	DIRECT NAME OF THE PARTY OF THE	MYSLING	VIV	HICH LA		

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH MONTH (TYPE OR PRINT) KATHLEEN 17 SHEPHEARD 9:40 RM March 24th.1979 & AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR MONTHS DAYS HOURS 1889 Dec Female White 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mass. USA Montgomery WIDOWEDOL DIVORCED | ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 4510 Wetherill Rd. Westmoreland Hill Homem_ker Home DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 4510 Wetherill Road 13c CITY OR TOWN Montgomery Westmoreland Hills Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Unkles William Mariah Kyle 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Martin J. McNamara, 1666 K St., N.W. Wash.DC No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic BETWEEN ONSET AND hrombosis PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED ä IN CERTIFYING CAUSES OF DEATH? shows NOF Mental Hygi 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital attended the deceased from saw the deceased alive an and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) twe) (did) (did nat) view the bady after death 22b. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF MPORTANT: H Mar. 25. 1979 FUNERAL David be deto PHYSICIAN M DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 4900 Mass. Ave., N.W. Wash. DC Peyton R. Evans, Jr. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial Arlington National Cemetery Ft. Meyer, Virginia JOSEPH CAWLER'S SONS INC. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 5130 WISC. AVE., N. W. WASH., D. C. 23818" (VR A 15 (4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) ESTI-Robert Shosteck DEATH MATED 1079 3 - 18A M & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOU 4. RACE DATE OF BIRTH DATE LAST BIRTHDAY PRONOUNCED M DEAD 68 YRS AM 24-10 9. BALTIMORE CITY OR COUNTY OF DEATH TO RIPTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED New Jersey U.S.A. DIVORCED [ Montgomery WIDOWED 126 KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH OR INDUSTRY (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Curator Museum Suburban Hospital Bethesda USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 5100 Alta Vista Rd. 13d. INSIDE CITY LIMITS? Montgomery Maryland YES NO [ VITAL 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE FIRST FORM PM Rubin Bessie Shosteck Saul 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. 160, WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (YES, NO, OR UNKNOWN) PAGES (IF YES, GIVE WAR OR DATES) See Item #13 531-16-0059 Ruth Shosteck No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Insusticiency IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Vascular Disease_ Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. CREMATION, C PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E DEPARTMENT OF I YES [ 71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 211. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy and in my apinion Natural causes Hamicide L Undetermined manner death resulted from: TITLE (SPECIFY EXECUTE PAGE 4 SHC.
TO FUNERAL DI
AFTER DEATH, V ACTUAL SIGNATURE EXAMINER'S NAM (TYPE OR PRINT) ADDRESS 23C NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236. DATE 3/20/79 Falls Church Fairfax Va. Cemetery Burial 24. FUNERAL DIREC **DHMH-17** (VR A15 ME (5)) Md.20910 W.W. Chambers Co. Silver Spring 15M 7/76

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		FOR STATE REGISTRAR	DEPA	ARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 79-	07395
deoth	(TYP	CEASED NAME FIRST FORST		SHOWALTER	3 7 7	20. HOUR
	3. SE	FEMALE	WHITE	APRIL 11, 1900	6. AGE (IN YEARS LAST BIRTHDAY)  IF UNDER  MONTHS  YRS	YEAR IF UNDER 24 AR
183	(	IRTHPLACE ISTATE OR FOREIGN OUNTRY) VIRGINIA	76 CITIZEN OF WHAT COUNT U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	-4 A	TH
77 Indicated	1	ity or town of death Bethesda	Suburban	HOSPITAL	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE	IND OF BUSINESS ( STRY
13E	130		GOMERY ROCKU	TLLE YESX NO	420 READING AVENU	ΙE
51		BENJAMIN	EMSWILER LAST	15 MOTHER'S MAIDEN	MIDDLE	
the medicol	160	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI NO	WAR OR DATES)			PRING, MD.  PPROXIMATE INTERVAL WEEN ONSET AND DEAT
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2	CERTIFICATION	1/17/79		ICH OPERATION WAS PERFORMED	786. AUTOPSY? 786. IF YES, WERE F	USES OF DEATH?
al or them 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA		19 111 LOCATION	CURRED (ENTER HATURE OF PHURY IN ITEM 16, PART I OR PART)  CITY OR YOWN COUNTY	
ORTANT: If them 21 is marke	4	AT WORK A WORK TO A WORK T	Leader He death	DEGREE  ATTENDING PHYSICIAN  12* ADDRESS		n that (1) (we) in the course stated DATE SIGNED
5 4		I COLONIA I	INIT . L.	. / ~ / /	C. WEEK MAKE	APPEAR III

Decreased statement of the statement

STATE OF MARYLAND 79-07396 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE LAST DECEASED NAME 2a DATE OF DEATH 2h HOUR (TYPE OR PRINT) Willi MAF 3 SEX RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR WHITE 98 16 80 BALTIMORE CITY OR COUNTY OF DEATH 7g. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MONTGOMERY OKLAHOMA U.S.A. WIDOWED DIVORCED | 0 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) "CHIMMERCE CROSS HOSPITAL STIVER SPRING DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 12900 Holdridge Road 13b COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? Silver VI 29 OF OF THE MICH & PROPERT RELY Maryland Montgomery Spring 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE CHARLES MAMIE TIDWELL TIDW.S 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT (YES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST MILDRED V MURPHY SAME AS 13 DAUGETER APPROXIMATE INTERVAL BETWEEN GINSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS AUTONSEQUENCE underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? N CERTIFYING CAUSES OF DEATH? NO I 71a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21b. TIME OF INJURY 18 HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE 220.1 certify that (1) (the hospital) attended the deceased from _____An FED sow the deceased alive on and that in (my) (early opinion death accurred an the date and hour and from the causes stated 22b. SIGNATUR DEGREE 22c. DATE SIGNED STAFF with the State PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME STYPE OR PR 22e ADDRESS ould b 230. BURIAL CREMATION, REMOVAL 236 NAME OF CEMETERY OR CREMATOR 23d. LOCATION SPECIFYBURIAL CITY OR TOWN 3/28/79 COLESVILLE CEMETERY COLESVILLE MONT 24 FUNERAL DIRECTOR FRANCIS J. COLLINGRESS DHMH - 16 50M 7/77 (VR A 15 (4)) 500 UNIV.BLVD..W., SILVER SPRING, MD. 20901

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	000. 21	, 1923 55 YRS.		9. BALTIMORE CITY OR COU	/26 19
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10. CITY OR TOWN OF DEA	EATH III. NAME OF HO	SPITAL, NURSING HOME, OR	OTHER INSTITUTION 12a. US	SUAL OCCUPATION (TYPE OF WORLD MOST OF WORKING LIFE)	
Rockville		earch Avenue			tume Jer
/ 13o. STATE	NURSING HOME OR OTHER INSTITUTION,	13c. CITY OR TOWN		REET ADDRESS	
New York	Queens	Bayside		40 Bell Bouleva	ird
14 FATHER'S NAME	MIDDLE	Cilvorman	15. MOTHER'S MAIDEN NAM	MIDDLE	Coope
	ER IN U.S. ARMED FORCES?	Silverman  186. SOCIAL SECURITY NO.	Rose 17. INFORMANT	ADDRESS	Coope:
Yes, no, or unknown)	(IF YES, GIVE WAR OR DATES)	Unknown	Arline Schaef	fer, 75-40 Bell	Blvd.
	ant conditions Contributing to DEAT		ISEASE OR CONDITION GIVEN IN PART 1 (a)		
190 DATE OF OPERA		racture Cervia			20 AUTO
S 196. DATE OF OPERA	RATION 196. CONL	SITION FOR WHICH OPERATIO	N WAS PERFORMED!		YES
190. DATE OF OPERA  190. DATE OF OPERA  210. EXTERNAL CAU  UNDERLYING CONTRIBUTING	HOUR A.	M. MONTH DAY YEAR	subject fell	R NATURE OF INJURY IN ITEM 18 PART 1 OR	
UNDERLYING CONTRIBUTING 121d. INJURY OCCUR WHILE NOT	JRRED 21e. PLACE STREET, FA	CTORY, FARM, ETC.)	LOCATION		COUNTY
WHILE NOT AT W	WORK X h	otel	1ResearchAve,Ro	ckville, Mor	tgomer
death resulted from		escribed abave, held an A Accident X, Suicide	Vitapsy X., Inspection, Hamicide, Under TITLE (SPECIFY)  M.D. Assistant ME	Inquiry	
SIGNATURE		Dolan M D		n Street, Balto	, MD 2
	AE <b>Virginia L.</b>		ADDRESS		
2 EXAMINER'S NAME		236 NAME OF CEMETER  Mt. Morial	RY OR CREMATORY 23d. L	OCATION TO TOWN IN THE TOWN IN	DUNTY

18670-84 TITE I of the late of the cold and the Trun James Bries, In 1986 

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending should be detached for use as the burial-transit permit. Then please remove corbor with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar ree



## FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR				CERTIF	ICATE OF	DEATH	R	EG. NO.	1	0		
		CEASED NAME	FIRST		MIDDLE	L	AST	Total Control	2a DATE OF DE		NIH DA	Y YEAR	2b HOU	R
	(TYPE	OR PRINT)	Louis		A.	Si	mons		March	2,	1979	9	12:3	OAM
0.00	3 SEX	X		4 RACE		5. DATE C			6. AGE (IN YEARS I	LAST BIRTHDA		FUNCER 1 YEAR		
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37	C	RTHPLACE (STATE DUNTRY)	OR FOREIGN	76 CITIZEN OF	WHAT COUNTR'	Y? 8 MARRIEI WIDOWE	NEVER	MARRIED	9. BALTIMORE		OUNTY	OF DEATH		MD.
	10 CI	TY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME C			Montgo 12a USUAL OCC (TYPE OF WORK FOR	UPATION		12b. KIND	OF BUSINE	
20		ckville			Rockvill		Apt	1021	Retired	d Dea	ler	Auto	mobil	es
35	13a. S	at residence (# BTATE aryland	136. COU		Rockvil	WN	13d. INSIDE (	NO [	13e. STREET ADD 10500 Re		lle	Pike,	#102]	1
	I4 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER	S MAIDEN NAM		ODLE			ust .	
51		Simon		aham	Simmo	ns	Ann						sman	
1		VAS DECEASED E	VER IN U.S. AR		166 SOCIAL SE		17 INFORM	ANT		ADDRESS	Rockv	ille,	Md.	
-	No				577-03-	-0161	Dolly	Simmons	, 10500	Rock	ville	Pike		
		18 CAUSE OF D	EATH Enter or	nly one couse per	line for (a), (b),				3				MATE INTER	DEATH
833		PART I. DEAT	H WAS CAUSE	TE CAUSE (o)	Car	diac	A	er es	+					
		1579		DUE TO O	R AS_A CONSEC	UENCE OF	0 0			The state of			4 34	
		Conditions, if		( (b)_	CANC	ER O	7 +	ancre	45				111	
	30	gove rise to		DUE TO, O	R AS A CONSEC	UENCE OF								
		underlying c	ouse lost.	(c)										
	_	PART 2. OTHER	SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATE	TO THE TERMI	INAL DISEASE OF	CONDIT	ION GIVE	N IN PART 1	(0)	
	IO									34.55				
0	CERTIFICATION	190. DATE OF OP	ERATION	196 COND	ITION FOR WHIC	CH OPERATIO	WAS PERF	DRMED	200 AUTOPSY	? 20	ID. IF YES,	WERE FIND	NGS USED	H?
d	RTIF								YES NO	○ XI	YES		NO [	
9		210, ACCIDENT WA		21b. TIME C	F INJURY	DAY YEAR	21c. HOW II	NJURY OCCURR	ED (ENTER NATURE	OF INJURY IN	ITEM 18, PAR	RT 1 OR PART 2)		
	EDICAL	(IF EITHER, NOTIFY			M.	19								
	MEDI	WHILE NAT WORK	OT WHILE	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC.)	211. LOCATI STREET	ON	СІТ	YORTOWN		COUNTY	51	ATE
		220.1 certify the	ot (I) (this hosp	ital) ottended th	ne deceased from	3	- 31	. 19	_, to	-05	, 1	979_	, that (I) (v	we) lost
			ceosed olive or	3-1	19	79. or	d that in (my	(our) opinion o	death accurred or	the date	and hour	ond from the	couses sta	sted
		226. SIGNATURE		// view file body	1/2	1	DEOREE		No. of the	7150		22c DAT	ESIGNED	
	100	m	ern	1 4	Corch	0 1	77	ATTENDING PHYSICIAN	MEDICAL DIRECTOR []	STAFF	ΝП	3_2	2-79	
1		224 PHYSICIAN	S NAME (TIME C	OCTOBER 1		/	22e. ADDRE					3-2	, ,	
1		Dr. M	errill	Stock			1145	19th St.	N.W. S	uite	700,	Washi	ngtor	1, D.C
1		BURIAL, CREMATI	ON, REMOVAL	. 23b. DATE	23	c. NAME OF C	EMETERY OR	CREMATORY	23d. LOCATIO		(	OUNTY	STA	ATE

DHMH - 16 50M 7/77

(VR A 15 (4))

24 FUNERAL DIRECTOR

Burial 3-5-79 Mt. Lebanon Cemetery Washington In the superstant Danzansky-Goldberg Mem. Chap. 1170 Rockville Pike MAR 7 1979 Finishing Mem. Chap. 1170 Rockville Pike MAR 7 1979

LACTONILE

- STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN THE MONT OF ESTI-DEATH MATED (TYPE OR PRINT) & AGE (IN YEAR UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. WASHINGTON.DC WIDOWED DIVORCED 3 U.S.GOVT. INTERIOR DEPT 13e STREET ADDRESS 13d INSIDE CITY LIMITS? YES VO MIDDLE FIRST McCARTY SPELLMAN JOHN 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO. OR UNKNOWN) 577-42-7464 SAME AS 13 WIFE HELEN A. SPELLMAN APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (g).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO DE 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING ANDR CONTRIBUTING CAUSE OF DEATH NOT WHILE AT WORK AT WORK Autopsy ond in my opinion 22a. I certify that I took charge of the remains described above, held on Hamicide ____ Undetermined monner Accident Suicide death resulted from: Natural causes TITLE (SPECIFY) SIGNATURE 1919 SEMINARY ROAD, SILVER SPRING, MD. JOHN S. ROGERS 23g BURIAL, CREMATION, REMOVAL 23b. DATE WASHINGTON BURIAL FRANCIS J. COLLINS
500 UNIV.BLVD., W., SILVER SPRING, MD. 20901 **DHMH-17** (VR A15 ME (5)) 15M 7/76

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10:50-87 TELEPON STEERING WANTED STY-42-7 MAY THE HELEN A. SPELLING CANE AS TELEMEN TOP INTER STORE STREET, TO THE STREET OF

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AND AND DESCRIPTION OF STREET	RAM THAT IS OVE		

		STATE OF MARYLAND	
6	1	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
d		CERTIFICATE OF DEATH 79-074	0.3
	4 44	1. DECEASED NAME \ Zo. DATE OF DEATH	2b. HOUR
	E 2 .	(Type or print) WIZLIAM COSEDH SPURRIER Month 3 Day 4 Year 19	5:03 M
	8 25	3 SEX A RACE S DATE OF RIRTH 6 AGE (In years I IF UNDER ) YEAR I IF	UNDER 24 HRS.
	125	MALE CAUCASIAN SEPT, 1952 lost birthday) VRS. MONTHS DAYS H	OURS MIN.
		70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	141	COUNTRY WASH. D.C. U.S.A. WIDOWED DIVORCED MONTGOMERY	Md.
	5 484.0	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BU	SINESS OR
201	a de de la	SILVER Spring givesture address Hospital during most of working life, even if retired.) INDUSTRY	K
0 21	A Bes	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR 18WN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
AN	in the sale	admission STATE YLAND BONTGOMERY SIL, SPRG YES NO 12725 LAY HILL KD	
ARY	wit etely hour		Last
*	campletely Pages 1 an nin 22 hauge	WILLIAM J. SPURRIER JR. CONSTANCE E. WAD	E
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	ax P	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no drunknown) (If yes give war or dates of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT  17. INFORMANT  17. INFORMANT  18. SOCIAL SECURITY NO. 18. SOCIAL SECURITY NO. 19. INFORMANT  18. SOCIAL SECUR	# 15
MITI	0 0	(Yes, no Sunknown) (If yes give wor or doles of service) 216-64-4800 CONSTANCEA DELLEW SEE TEM	10
<b>A</b>	physician physician arbon pap any event,	18. CAUSE OF DEATH (Enter only one cause per—line for (a), (b), and (c).)	AND DEATH
EET	certificate ng physició e carbon p in any evel	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DIABETIC ACIDOSIS	
STR	0 u	DUE TO, OR AS A CONSEQUENCE OF	
NO	attendii ottendii remave	Canditions, if any, which gave rise to immediate cause (a).  (b) DIABETES MELLITY'S	
ES	se ri	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	by the opposer	lost. (c)	
<u> </u>	2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
30		3 KENAL FAILURE	
RDS		19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERT	FYING
REC	n. been it pern	TE NO .	
¥	The law hysician. Ite has be I-transit burial, or		
TN	4 60	G (If either, notify medical exominer)   P.M. 19	
90	2 0 4 5 +	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While - Not while - Not while -	State
NO.	YSICIA tendin s certi the b	While Nat while at wark Office Building, ETC	-
N N			) (we) last
	ATTENDING haspital ar TOR: After ed far use ental Hygie	saw the deceased alive on 3/27 19, and that in (my) (aur) apinian death accurred an the date and haur an causes stated above (1) (we) (did) (did not) view the bady after death.	a train the
	ATTENDING by haspital of CTOR: After ched far use Mental Hygis	226. SIGNATURE 12. DATE SIGNED	
	A OR ATTER  y the hasp  DIRECTOR: detached it  and Mental	DEGREE PHYS. DIRECTOR	
	the pire	22d. PHYSICIAN'S 22e. ADDRESS B 4 CO PLAN 2	00-
	d by d by Be continued be continued be continued by the c	NAME (Type) JOEL / GOOZH 4701 RANDOLPH KD #105 KOLKUITE, MD ZO	0852
	retained by TD FUNERAL shauld be af Realth		(State)
	TO F ret she she	BROOKL Specify 3/9/29 PARKLAWN EMETERY ROCKULLE-MONT-1	110
		24. FUNERAL DIRECTOR SOURCES SUPPLIES SOURCES SUPPLIES SUCH AS	du
20	HMH - 16 3/72 25M VR A15 (4))	W. W. CHAMBERS CO. MARYLAND DATE	1
· V			

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

70-07/01/

1	REGISTRAR					REG. N	0.	13-0	1 4	U 4
	DECEASED NAME FIRST	MI	DDIE	LAST	347	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOU	
L	Mary	G.	S	tanley		March 4	, 1979	)	73	SAM.
3 5	SEX	4 RACE	5.	DATE OF BIRTH	25.0	6. AGE JIN YEARS LAST BIR		IF UNGER 1 YEAR	IF UNDER	
	Female	White		July 15.		87 yrs.	YRS	MONTHS DAYS	HOURS	MIM
7n.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	MARRIED   NEVE		9 BALTIMORE CITY		OF DEATH		
L	Maryland	USA		VIDOWED 🔣	DNORCED	Montgome				MD
	Bethesda	(IF NOT IN SUCH	OSPITAL, NURSING I FACILITY, GIVE STREET ADD Dunlop St	RESS)	NSTITUTION	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOUSEWIF	OF WORKING LI	IZB. KIND C INDUSTRY	or Busine	ESS OR
130	UAL RESIDENCE (IF NURSING HOME STATE 136 COL Maryland Mon	INTY	Bethesda		E CITY LIMITS?	13. STREET ADDRESS 3701 Dunle	op Str	reet		
14.	FATHER'S NAME FIRST William E. Gi	ADDRE Lbert	LAST	15. MOTHE	FIRST Janet I	MIDDLE		LAS	ST	
160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	66 SOCIAL SECURIT	Y NO. 17 INFOR		ADDR	ESS	Wash.	D.C.	
	no		Unavailab	le Son -	Wm. Sta	anley Jr. 70	OO N.H	I. Ave.,	N.W.	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per li	ne for (a), (b), and (c	1,1			<i>a</i> .	BETWEEN	MATE INTEL ONSET AND	DEATH
П		ATE CAUSE (0)	Car	dions	inl ac	Failure (	ane	2A 2	da	xe
П	4409	DUE TO OR	AS A CONSEQUENC	E OF			Leni	1)		,
П	Conditions, if any, which	( (b)	gene		Bru	resiling	nes	3	yes	F.4
П	gove rise to immediate couse to , stating the	CUE TO OR	AS A CONSEQUENC	5.05					-	
П	underlying cause last	(6)	AS A CONSCOURING							
,	PART 2 OTHER SIGNIFICANT		NTRIBUTING TO DEA	TH BUT NOT RELAT	ED TO THE TERM				and .	
1 5	Heren	Herme	-, 02	arach	nets	Dorette		7	-	
CERTIFICATION	196 DATE OF OPERATION	196 CONDIT	ION FOR WHICH OP	ERATION WAS PER	FORMED	YES NOK	IN CERTIF	S, WERE FINDIN FYING CAUSES ES []	OF DEAT	TH?
1 🗑	210 ACCIDENT WAS UNDERLYING			21c HOW	INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, I	PART I OR PART 2]		
₹	OR CONTRIBUTING CAUSE OF O	- Alli	. MONTH DAY	YEAR 19						
MEDICAL	214 INJURY OCCURRED	21e PLACE O	F INJURY	21f LOCA						
¥	WHILE NOT WHILE AT WORK	( AT HOME, STREE	ET, FACTORY, OFFICE, FARM	, ETC.) STRE	ET .	CITY OR TO	MM	COUNTY	ST	TATE
	220   certify that (I) (this has				19_50		t	19_79.	that (I) (	ma) lost
L	sow the deceased alive a above, (I) (we) (did) (did n	n 2/2	fter death. 19 75	ond that in (n	ny) (our) opinion	deoth occurred on the d	ate and hou	or and from the	couses sto	oted
1	226. SIGNATURE		/	DEGREE				22c. DATE	SIGNED	
L	Colivin 1	P	reken	MI	PHYSICIAN	MEDICAL STA		3	5-7	79
	224. PHYSICIAN'S NAME (TYPE	OR PRINT)		Ten 220 ADDE	RESS					
	EDWIN !	PA	RKER	2	015 1	RSTNW	-WA	SH DC	20	009
230	BURIAL, CREMATION, REMOVA	L 23b. DATE		AE OF CEMETERY O		23d LOCATION CITY OF TOWN		COUNTY		ATE
	Cremation	March 5	, 1979 C	edar Hill	Cremato	ry, Suittar	id, P.	G. Mary	land	
24	FUNERAL DIRECTOR	DeVo	l Funeral	Home		E REC'D. BY REGISTRAR	25b. RECIST	TRAN'S SIGNAT	RE	
1/	16 15/10	Wash	ington. D	C	MA	IR 7 19/9	frey	July 17.00	1	1

1979

Washington, D.C.

DHMH-16 20M (VRA 15, 4) 7/78

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

TTENDING PHYSICIAN: The low or ottending physicion

retoined by the hospital

x

Total Control of the Section of the

37

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTA		REG. NO		-07	405
1. DECEASED NAM	E FIRST	1	MIDDLE	ı	AST		20 DATE OF DEATH M	ONTH D	AY YEAR	26 HOUR
(THE SKIRKI)	Marga	ret	G.	STI	EPHAN		March	28	1979	1145P A
3. SEX	DWHZ	4. RACE		5 DATE C			AGE (IN YEARS LAST BIRTH		IF UNDER I YEAR	HUNDER 24 HRS
Female		Caucas	sian	Apr	il 12, 189	7	81	YRS.	NONTHS DATS	HOURS MIN.
7a. BIRTHPLACE (S	TATE OR FOREIGN		WHAT COUNTRY?	8	V NEVE	9	BALTIMORE CITY OF	COUNTY	OF DEATH	
Ohio		USA		WIDOWE		Tarrier .	Montgomer			WE
Bethesda		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	al Center		20 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEW ! fe	WORKING LIFE		OF BUSINESS OR
USUAL RESIDENC 130 STATE D. C.	E (IF NURSING HOME COL	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE 134 CITY OR TOW Washing	N	13d. INSIDE CITY LIM YESXXX NO [	_	3e STREET ADDRESS 6011 Utah	Ave.	, N. W	•
14 FATHER'S NAM	les S.	MIDDLE	LAST		15 MOTHER'S MAID		M. Little		LAS	ST
160 WAS DECEASE	DEVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	10 1	ADDRES	S	Park,	Md.
(YES, NO OR UNKN	OWN) (IF YES, GI	VE WAR OR DATES)	577 54 6	803	Mr. Willi	am P	ohle, 8301	Barro		
Conditions, gove rise couse (0)	if any, which to immediate stoting the couse lost	DUE TO, O	Pancre R as a conseque R as a conseque	NCE OF	carcinoma					
		15.17				IE TERMIN	ial disease or cond			
AND STATE OF	OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY? YES □ NO 🄀	IN CERTIF	, WERE FINDII YING CAUSES S	
OR CONTRIBUT	WAS UNDERLYING OF DIESE OF DE	HOUR A.	m. month da m.	Y YEAR		OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18, PA	ART 1 OR PART 2)	
21d INJURY WHILE AT WORK	NOT WHILE AT WORK	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET		CITY OR TOW	4	COUNTY	STATE
22a.l certify	deceased alive o	A 4	e deceased from		, 17	79 opinion de	to Mar. 28 orth occurred on the do	te and hour	r and from the	that (1) (we) los couses stated
7	Nartu	EWA	enes D.		ATTENE PHYSIC	DING CIAN [	MEDICAL STAF			29,1979
22d. PHYSIC	Martin	W. Jones	, D.O.		220 ADDRESS National	l Nav	al Medical	Cente	er, Bet	hesda,M
230 BURIAL, CREM	ATION, REMOVA				EMETERY OR CREMA		23d. LOCATION CITY OR TOWN		COUNTY	STATE
Rurial		APRIL	2 1979 Ar	linat	on Nationa	1	Arlington			Va.

ADDRESSTakoma Park, D.C. APR

DHMH - 16 50M 1/76 (VR A 15 (4))

74 FUNERAL DIRECTOR FUNERAL HOME

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1 S.O. ST. T. SMIET ... KTS | ISTERLY LENGT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME LAST 2a DATE OF DEATH HINOM (TYPE OR PRINT) 3/7/79 Straw 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS MONTH YEAR DAY HOURS Female White Manuied To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Illinois WIDOWED DIVORCED Monto County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Adelohi Manor Care Nursi Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md Monto Adelphi 1801 Metzzrote 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME James Gillian MIDDLE LAST Unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT Vieanna (YEN NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mr Frank Maloney, 1204 Kelley St. 54 5185 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO OR AS A GONSEQUENCE OF Central Nervous System Conditions, if ony, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1161 DIVISION OF VITAL RECORDS, CERTIFICATION 0 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOD YES [ YES [ NO I Mental Hyai 71a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF FITHER NOTIFY MEDICAL EXAMINERS P.M He 211. LOCATION 0 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE morked NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (I) (this hospital) attended the deceased from saw the deceased alive an N and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death Dept. 22b. SIGNATURE DEGREE 77¢ DATE SIGNED + ATTENDING MEDICAL STAFF hould be deto MPORTANT **PHYSICIAN** DIRECTOR PHYSICIAN 224_PHYSICIAN'S NAME (TYPE OR PRIN 27e ADDRESS MURPY 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) COUNTY STATE Burial Lin 24 FUNERAL DIRECTOR DHMH-16 60M 1.73 (VR A 15 (4))

2/ //							OF MARYLAND				
130 /3	1 -	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG. NO.	7 9	3-07	407
(A)	I. DEC	EASED NAME OR PRINT!	SE!	1	MIDDLÉ	0	weet	2a. DATE OF DEATH	ONTH DAY	YEAR 2	5 A M
	3 SE)			WHITE		S DATE C		6 AGE IN YEARS LAST BIRTHO	MOM		FUNDER 24 HRS
orn. Poge erol direc 72 hours	7a. Bif	FEMALE RIHPLACE ISTATE OR FOR DUNTRY) RUSSIA	REIGN		WHAT COUNTRY?	1	□ NEVER MARRIED □	9 BALTIMORE CITY OR			
by the fun	Si Si	VER SOCI	TH A	11. NAME OF	H FACILITY, GIVE STREET	IG HOME C	ROTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	V	126. KIND OF I INDUSTRY GROCE	BUSINESS OR
filled in find be filled in finds be filled in finds be filled in finds the filled in	MA		MONT	OTHER INSTITUTION	ROCKUTE	ADMISSION)	134 INSIDE CITY LIMITS? YES A NO	13. STREET ADDRESS 6111 MONTE	ROSE RI	OAD	
completely 1 and 2 s	14. FA	PINCUS	м	IDDLE	SOBEL		15. MOTHER'S MAIDEN NA	WIDDLE	(ui	NKNOWN)	
be execut	{Y	AS DECEASED EVER II ES, NO OR UNKNOWN) NO		AED FORCES? WAR OR DATES)	212-68-		JACOB D. SWE	ET 12610 MONT			0904
th certificate and and a physicic corbon poper; or removal.		PART I. DEATH WA	AS CAUSED	y ane cause per ) BY: E CAUSE (0)	line for 101, 161, on CARDIC		IC SHOC	K		100	1904 THE INTERVAL SET AND DEATH
death ceri		410 - Conditions, if any,		DUE TO, O	RASA CONSEQUI		L INFARC	TION		53,	MIN
by the see rem		gove rise to immicouse 101, stating underlying couse	the		RAS A CONSEQUI		RTERY DIS	EASE		YEAR	23
equires the signed b Then pleos r to buriol, injury, or o	ATION	PART 2 OTHER SIGN	IFICANT C	ONDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CONDI	TION GIVEN	IN PART 1101	
n. n	CERTIFICAT	N.A.	ЮИ	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED			VERE FINDING NG CAUSES O N.A.	
4YSICIAN TH ding physicia is certificate buriol-transit Mental Hygie		210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	AUSE OF DE AT			AY YEAR	N.A.	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART	1 OR PART 2)	
the the stand	MEDICAL	21d. INJURY OCCURRI WHILE NOT WHI AT WORK AT WOR	ILE I A A	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET N. F	CITY OR TOWN		COUNTY	STATE
TTEND Pritol of For use of Heo		220.1 certify that (1) ( saw the decease obove, (1) (we) (di				MARC 11.0	id that in my (our) apinion	death occurred on the date	5, 19. e and hour a		ot (1) (we) last uses stated
TAL CH. ATTEN y the hospital y the hospital detached for u ore Dept of He		22b. SIGNATURE	1-Ba	lack		м.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF MIRECTOR PHYSICIA	'N □	Mar.	5, 1979
HOSPII Hed b FUNE Mabe The St		228 PHYSICIAN'S NA	Λ.		ACK I		1109 SPRINGS	ST. SILVER	SPRING	MD.	20910
BP OF STORY	23e B	URIAL, CREMATION, R PECIFY) BURTAL		236. DATE	23c 1		EMETERY OR CREMATORY	238 LOCATION CITY OR TOWN	co	P. G.	STATE MD.
DHMH-16 20M		NERAL DIRECTOR DO			IN HEBREW	.WEMO		TE REC'D. BY REGISTRAR 25			
(VRA 15, 4) 7/78	2	32 CARROLL	ST.	N.W. O	MOTINTHS AL	12. 1	1	1AR 8 1979	bord	my some	*NAGURING

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH TYPE OR PRINTS **TABB** James 1979 March 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Jan. 18 1920 YEAR Male Caucasian To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mississippi USA Montgomery WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bethesda National Naval Medical Center U.S. Marine Corps DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE LIF NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? o p Prince George Oxon Hill Maryland 1615 Oldbury Drive YES X NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME O FIRST Calvin MIDDLE Lottie James Tabb Cheairs 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 1938-68 YES, NO OR UNKNOWN) 427 05 4168 Mrs. Helen Tabb See item 13 APPROXIMATE INTERVAL event, th 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY CARD LOMYOPATHY IMMEDIATE CAUSE (0)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which MUDCARd gove rise to immediate couse (a), stating the underlying couse dISEASE. COROWAR PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 0 prior 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOL YES X NO  $\square$ Hyg 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR Mental Item MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE AT WORK AT WORK Mar. Mar 220.1 certify that (1) (this haspital) attended the deceased from Mar. and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, vi (we) (did) (high not) view the body ofter death DEGREE 22r. DATE SIGNED TO FUNERAL DIR should be detache with the State Dep -ATTENDING MEDICAL STAFF Mar. 13.1979 DIRECTOR PHYSICIANX PHYSICIAN MPORTANT. 22e ADDRESS National Naval Medical Center, Bethesda, Md. 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Artiflation Arlington VastATE Arlington National Burial 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 ADDRESS Oxon Hill, Md. Kalas Funeral Home (VR A 15 (4))

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 2a. DATE OF DEATH MONTH (TYPE OR PRINT) 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNOFR 1 YEAR IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH MONTH YEAR HOURS Female Cauc. 24 Feb. 1910 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED COUNTRY New York U.S.A. WIDOWED DIVORCED | CLEY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OF TTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY School Teacher Education .. BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE [136 COUNTY [136 CITY OR TOWN] 130. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS pine 199 Rollins Avenue Marvland Montgomerv Rockville 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME 0 MIDDLE LAST MIDDLE LAST Eugene a Schober Gertrude Aust ADDRESS MAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT Thomas E. Taylor (IF YES, GIVE WAR OR DATES) -22-9033 Gaithersburg. No 14817 Dufief Dr APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PRESTON DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 DIVISION OF VITAL RECORDS, CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED pr IN CERTIFYING CAUSES OF DEATH? NO YES [ 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 38 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Item MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] NOT WHILE WHILE 220.1 certify thoy (1) (this hospital) ottended the deceased from_ Janton sow the deceased alive on and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated above (1) (we) (did) (did not) kiew the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF ild be deto DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 2105 Darnestown Rd., Gaithersburg, Md. 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN COUNTY STATE Md. BURTAL 3 - 3 - 79Gate of Heaven Cem Silver Spring BP. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes DHMH - 16 50M 7/77 (VRA 15 (4)) P.A., Rockville, Maryland

60170-87

				STATE OF MAKTLAND		
	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. N	79-07410
(W)	(TYPE	CEASED NAME FIRST OR PRINT) MACY	B	Taylor	20. DATE OF DEATH	3 - 3 · 79 8 9 3 pm
	3. SE	Female	Black	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	YRS MONTHS DAYS HOURS MIN
// 15	3	CAROLIAA	The CITIZEN OF WHAT COUNTRY?	MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	mora	OR COUNTY OF DEATH
notified	7	AKOMA PARK	HOLVENTISTS	HOSPITAL	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF METIRED	
er must be	13a S	AL RESIDENCE (IF NURSING HOME OR ITS COUNTY IN THE ITS COUNTY IN T		Park YES NO	13. STREET ADDRESS	w Hampshire Ave
exomine	)4. FA	THER'S NAME FIRST AMES	AIDOLE LAST	IS MOTHER'S MAIDEN N	WIDDLE	Cones
2		VAS DECEASED EVER IN U.S. ARA (15, NO OR UNKNOWN) (15 YES, GIVE	WAR OR DATES)			VINTHROP AVE.
remayal event, the		PART I. DEATH WAS CAUSED	y one cause per line toy(a), (b), or BY ECAUSE (a)		ident	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 days
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ar ather traum		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	ENCE OF		
ınlary, e	NOI	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	
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21 is mo			ol) attended the deceased from.		n death occurred on the c	, 19, that (I) (we) lost date and hour and from the causes stated
T. If hem		276 500 Called	Munich	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	221. DATE SIGNED  MOUCH 3, 197
with the State		27d. PHYSICIAN'S NAME (TYPE OR Alfred	UNZER, M.D.	270 ADDRESS 7600 Com		Taresma Park Md.
3	(	BURIAL, CREMATION, REMOVAL	236. DATE 236 3-8-1979	NAME OF CEMETERY OR CREMATORY	Scill Con	7,10,
5 20M 4) 7/78		INERAL DIRECTOR NAME 97NGU"s 383	ACORESS A GEORGIA AVEL	250 DA		211 REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

		FOR STATE REGISTRAR		STATE OF MARYLAND IENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG, NO,	79-07411
deoth 3		CEASED NAME FIRST	MIODLE	TEHEL BAUM	2ª DATE OF DEATH MO	NTH OAY YEAR 20 HOUR - 25-79 530 AM
9.00	3. SE	emale	Caucasian	5. DATE OF BIRTH  MONTH DAY  April 15 1890	6 AGE (IN YEARS LAST BIRTHOA	F UNDER I YEAR # UNDER 24 HRS MONTHS DAYS HOURS MIN.  YRS.
197	C	RTHPLACE (STATE OR FOREIGN 7) DUNTRY) R115513	US	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR C	
The best of the be	10 CI		1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, SUBULTOPA)	GHOME OR OTHER INSTITUTION poress) 0 5 D	12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOUSEWIFE	
should be	130 S	Monte	other institution, give residence before Y Gomery Silver	Spr. YES NO 1	130. STREET ADDRESS	ick Ave
ond 2 s	14 FA	THER'S NAME FIRST MI  Jacob	Vanova	15. MOTHER'S MAIDEN N	AME MIDOLE	LAST
on and co		AS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECUI VAROR DATES) NONE		ADDRESS	Silver Spr. Md. 1602 Fillmore Dr
signed by the ottending phys hen please remove carbonpop to burial, cremation, or removo njury, or other traumatic event,	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	usilensis	MINAL DISEASE OR CONDIT	GRAND GIVEN IN PART 1(0)
hos been t permit ene prior ows ony ii	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IN. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO
s certificate h burial-transit p Mental Hygier or Item 18 shov	,	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA		RRED (ENTER NATURE OF INJURY IN	LITEM 18, PART 1 OR PART 2)
ter this certificate is the buriel-fransit is ond Mental Hygie nord or item 18 sho	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
AL DIRECTOR: Afteroched for use of the other of Health		22a   certify that (I)(this hospital saw the deceased alive an above, (I) (wa) (did) (did not) 22b. SIGNATION	3/24 19	DEGREE	medical STAFF	ond hour and from the causes stated  221. DATE SIGNED
should be deto with the State		AUPRED	MULLER	22e ADDRESS	dley Blvd.	
5 # 3 3	( !	URIAL, CREMATION, REMOVAL PECHY) Urial	Mar. 26 179 236 N	AME OF CEMETERY OR CREMATORY eth Sholom	234 LOCATION Capitol	Hgts, P. G. Md.

DHMH-16 20M (VRA 15, 4) 7/78

Burial
24 FUNERAL DIRECTOR
NAME

ADORESS Rockville Md. Danzansky-Goldberg Inc. 1170 Rockville

NO N	It		call w/Fun. H	OME STATE OF MARYLAND		
3	1 - FOR 3/28/79 rc DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH					9-07412
(1)	I DE	CEASED NAME FIRST	WIDOFE	LAST	REG. NO.	DAY YEAR 26 HOUR
deor the state of	(TYPE	GEORG	FE B.	THOMPSON	3	5 79 8 PM
offer of	3 SE	× M	1 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
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he fu with with	10. C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH ACILITY GIVE ST	RSING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS OR
urs of	11811	AL RESIDENCE (IF NURSING HOME)	SYLVAN MANO		FED GOUT (LAWY.	
AND 212 tilled in ould be	13a	STATE ASTAN STON	NTY 13c CITY OR T		130 STREET ADDRESS SUNTE	CTICUT AVE NW
ARYLA I within I within I within I within	14 F/	ATHER'S NAME	MIDOLE . / LAST	15 MOTHER'S MAIDEN N	AME	(AST
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TIMORE TO On ond on one one one one one one one one one			E WAR OR OATEST 578-	52-1576 ANNA LEE	DAVIS, 8608 FLV.	WER AVE THICK
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RESTON deoth ce ottending ave corb otion, or r		Conditions, if any, which	DUE TO, OR AS A CONSE	QUENCE OF Brain	Sand ome	34.0
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DIVISI NDING PR 1 or other R: After th Use os the lealth and		AT WORK	atal) attended the deceased fro	m OCTOBER 19 76	3/5	10 79
TE TO		saw the deceased alive on	2/27		death occurred on the date and ho	ur and from the causes stated
OR A he hos DIRECTORCHED DEPT.	DEGREE  O a D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O D D T E  O					224. DATE SIGNED
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BP	24.5	Dyroid A	March 9.1979	Olington Vallena (Ci	IN COLLEGERATION BED	Vergene-
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STATE OF MARYLAND 79-07414 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH (TYPE OR PRINT) US 4 RACE DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTH HOURS 1886 Apr. **BALTIMORE CITY OR COUNTY OF DEATH** In RIRTHPLACE Th. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Alabama USA WIDOWEDXX DIVORCED T Montgomery ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 176. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Silver Spring Holy Cross Hospital Retired US Govt BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Montgomery Maryland Flack Street Wheaton 2827 YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Walker Samuel R ohda Booth 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 579-50-9619 no none Colby L. Titus-son-(same as 13e) 18 CAUSE OF DEATH (Enter only one couse per line o), (b), and (PART I. DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (0 Conditions, if ony, which gove rise to immediate Ecleration vascular fision couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Mental Hygi 710. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211, LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220.1 certify that this hospital) attended the deceased from the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DEGREE ATTENDING Should be deta with the State PHYSICIAN DIRECTOR PHYSICIAN MPORT/ 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE STATE MO (SPECIFY BP. Burial 3-13-1979 Cemetery Brentwood Pr. Georges Pumphrey, Tirtrey McCready DHMH - 16 50M 7/77 Incoresy (VR A 15 (4))

+1+10-0 With the title Continued in the state of the 36 1100 are the constitution of the melbrain Colonia 2012 Les Manday Settlemen. Market B. Jones 12 Price E 39 Parity Flick Center Alle Co. JAMES KICCOLEMBY 31110-81 and the grade of the control of the A29 a lideviyamor Jeffmers . . . rether forest fovel lengther . . . swy Victimia En. Million Pomesson & Commission of the Property of Humb bird (id and Jones I.e. Turbity Mt 22 at 2 , Mrc. Elie both La Totte d Com Phas II

STATE OF MARYLAND

79-07116

STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) 22 19 79 Tralka N DEATH MATED Martha 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED July 29,1899 Female White DEAD 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Poland Montgomery County USA WIDOWED K DIVORCED 12a. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADORESS) HOUSEWITE Suburban Hospital Bethesda none USUAL RESIDENCE (IF IN NU HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Wash. D.C. 4901 Rodman Street, N.W. YES X Wash, D.C. FORM PM 3. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIGDLE MIDOLE Wisniewski Felicia .Tohn Iwanoski 17. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (YES, NO. OR UNKNOWN) 088-26-9981 no Jane E. Tralka - daughter - same as 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND GEATH PART I DEATH WAS CAUSED BY: CardioVascular IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES NO X DEPARTMENT (PRIOR TO BURIA 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY LATHOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK Inspection X 220. I certify that I took charge of the remains described above, held an PAGE 4 SHOULD BE
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BAITMORE, MARYLAN Natural causes X death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ohn s. Ball DATE Morch 22/97 SIGNATURE EXAMINER'S NAME TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Amsterdam, N.Y. 3-26-79 St. Stanislaus Cem. Burial MAR 30 1979 4. FUNERAL DIRECTO DeVol Funeral Home (VR A15 ME (5)) Washington, D.C. 15M 7/76

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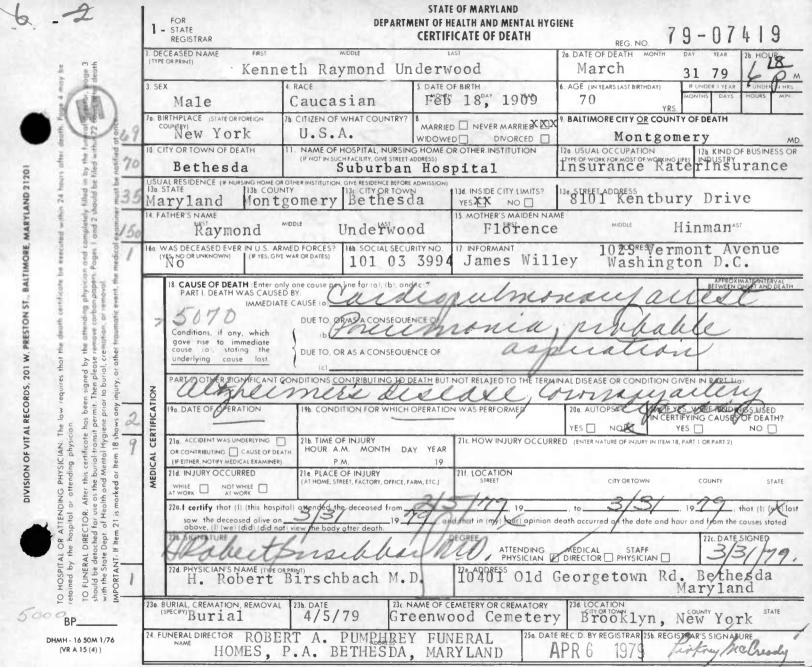
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE KNOWN Y (TYPE OR PRINT) OF ESTI-Nina E. Wathen 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR 3 SEX 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY DAY PRONOUNCED April 10,1909 DEAD 1979 CITIZEN OF WHAT COUNTRY 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Oklahoma USA DIVORCED 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OWORK FOR MOST OF WORKING LIFE) Housewife USUAL RESIDENCE HER 13a. STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS NO D 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE OF VIT John Nina Thomas Williams Click 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** 578 300 Springbrook Dr. Robert S. Wathen No lver Spring, Md. 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL. YES . NO D 21b. TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING YOUR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR STREET, FACTORY, FARM, ETC.) WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on and in my opinian Suicide X deoth resulted from Homicide Undetermined monner Noturol couses TITLE (SPECIFY) DAT 200 L 29, 1979 ACTU-1 AFTER DEATH, BALTIMORE, MA MINER'S NAME John S. Rogers 1919 Seminary Road Silver Spring, Md. (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23t. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Cedar Hill Cemetery Suitland. P.G. Md. Mar. 31, 79 24. FUNERAL DIRECTOR 11800 New Hampshire 250. DATE REC D. BY REGISTRAR 256. REGISTRAN'S SIGNATURE DHMH - 17 Hines/Rinaldi Funeral Home Silver Spring, Md. (VR A15 ME (5)) 15M 7/77

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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST.,  CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL  RITING THE WORD "PENDING" IN PENCIL IN ITEM 18  ROED TO THE CHIEF MEDICAL EXAMINER ALONG  E. 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT  E. DEPARTMENT OF HEALTH AND MENTAL HYGIENE, IF  PRIOR TO BURIAL, CREMATION, OR REMOVAL.	7	gave ri couse (a lying cau	ns, if any, which se to immediate ) stating the <u>under-</u> use lost.	(b)	R AS A CONSEQUE	NCE OF	SE OR CONDITION 6	IVEN IN PART 1 (a	0.				
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TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORF TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND, 21		220. I certi deoth result ACTUAL SIGNATURE	1 1	ral causes .	Accident D.	Suicide	, Hamicid	CIEV	I, Inquiry L ndetermined man MEDICAL EXAMIN	ner,	DATE	3/19/	<b>'7</b> 9
O MEDIO XECUTE AGE 4 O FUNE FITER DE ALTIMOR	20.0	EXAMINER'S (TYPE OR PRI		homas D.S			ADDRESS		Penn Str	reet			
1 / BP	(	SPECIFY)	TIAL	3/21/79		AWN CF	METERY	Q DATE REC'D	LOCATION CITY OF YOWN	LE 1756. RECASTE	COUNTY	STA MO	
DHMH - 17 (VR A15 ME (5)) 30M 7/73		500 UNI	V.BLVD.,	GIS, SILVER	LLINSING, N	ID. 209	01	MAR 2	23 1979	prof	my /	Every	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE

FOR

12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

own home

HOURS

DAYS

10:23AM

(unknown)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 1 mo

20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH?

COUNTY STATE

24 man 79

NO F

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED

Philip De

Burial B - 27 - 197924 FWETAETOE. Pumphrey, Inc.

3434 Ga. Ave., S.S. Md.

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/76 (VR A 15 (4))

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FOR

- STATE

DHMH - 16 50M 7/77 (VRA 15(4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

APPROXIMATE INTERVAL

4 Weeks

11 Months

NO [

1Mar1979

20054

STATE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME MIDDLE 20 DATE OF DEATH (TYPE OR PRINT) J. 3 SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH MONTH In BIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife INDUSTRY (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13d INSIDE CITY HAUTS? Pr. Geo. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) above address Earl H.Wharton -No 18 CAUSE OF DEATH Enter only one cause per line for PART ! DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO: OR AS A CONSEQUENCE OF underlying cause CONTRIBUTING TO DEATH BUT NOT RELAND TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PASS THE PART 2. OTHER SIGNIFICANT CERTIFICATION 78h IF YES, WERE FINEITIGS USED IN CONDITION FOR WHICH DEFERATION WAS PERFORMED 78s. AUTOPSYT à IN CERTIFYING CAUSES OF DEATH? NOT YES IT 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION 50 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a I certify that (1) (this haspital) attended the decelased from DIRECTOR (our) opinian death accurred on the date and hour and from the causes stated and that in (my 17h SIGNATU DEGREE 220 DATE SIGNED = ATTENDING should be dete with the Stote IMPORTANT. PHYSICIAN DIRECTOR -224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Pr. Geo. Md. Brentwood Ft. Lincoln Cem. Burial 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 ADDRESS Mt. Rainier . Mg Nalley's Malres (VRA 15(4)) ne.

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rector pa	3 SE	Male	Caucasian	DATE OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN			
ter deum. Page 4 he funeral director within 72 hours of	C	RTHPLACE (STATE OR FOREIGN DUNTRY)  Nebraska	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED MORCED	Montgomery				
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DIREC ached Dept.		22b SIGNATURE	like the body after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DAJE SIGNED			
O HOSPITAL  TO FUNERAL DI  Should be detach with the State De		224. PHYSICHAN'S NAME (TYPE O	RPRINT) ALDAK	220 ADDRESS	will Md	7,7,			
BP	23a E	Burial Burial		AME OF CEMETERY OF CREMATORY	23d. LOCATION CITY OR TOWN Brentwood	Pr. Geo. Md.			
DHMH-16 20M (VRA 15, 4) 7/7B	24 FI		ley's F.H. DORESS M	Md. Rainier, 250 DAI	MAR 20 1979	igar's signature			

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2n DATE OF DEATH (TYPE OR PRINT) ANTHONY **CYRUS** 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MAY ¥56 HOUR5 MALE NEGRO TO BIRTHPLACE (STATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Washington D. C MONTOGOMERY DIVORCED T 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BETHESDA STUDENT USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
130 COUNTY
131 CITY OR TOWN ASHINGTON 343 - 36TH ST., N.E. 13d. INSIDE CITY LIMITS? 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE SAMUEL RUBY WHITSIDE WILLIAMS ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES CONTENTED OR DATES) 579-74-6466 SAMUEL WILLIAMS 343 36th St. N. E. NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to AS A CONSEQUENCE OF Conditions, if ony, which FIIKEMIA gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. FIIKEMIA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) NO CERTIFICAT 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ( IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE 22a.1 certify that * (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22k SIGNARGE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN | OF HEA 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 236 DATE CITY OR TOWN STATE BURIAL Prince Georges County 8-22-1979 Harmony 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR SIGNATURE MAR 2 7 1979 ADDRESS 3831 Georgia Avenue, N. W.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN THE MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED Paul T. Williams & AGE (IN YEARS | IF UNDER 1 YR. 4 RACE 5 DATE OF BIRTH IF UNDER 24 HRS 3 SEX 2c DATE PRONOUNCED CAVE. 12 DEAD Ta. BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland USA DIVORCED Montgomery 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Bethesda Suburban Hospital School DEN USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS CORSIGN YES NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Russell Jean Riley 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. **ADDRESS** 217-70-4542 Russell C. Williams Same as No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY TRAUMA HV. IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF CHEST + ABDOMEN -Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL YES 🗌 NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 211 LOCATION (AT HOME. WHILE AT WORK BETHESDA and in my opinion 22a. I certify that I took charge of the remains described above, held an Autopsy Homicide Undetermined manner death resulted from FUNERAL DIRECTER DEATH, WITH TITLE SPECIFY) SIGNATURS EXAMINER'S NAME (TYPE OR PRINT) PAC 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATOR' Cremation Mar. 17. 1979 Metropolitan Crem. Alexandria. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR / Obert A. Pumphrey Funeral DHMH - 17 Homes, P.A. Bethesda, Md. (VR A15 ME (5)) 15M 7/76

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	3. SE)	(	7 74 +	4 RACE		5. DATE C		6. AGE (IN	YEARS LAST BIRTH	IDAY}	MONTHS DAYS	IF UNDER 24 HRS
		Ma1e	711-1-1-1	Cauc	asian	Ju]	ly 7. 1903	1 1 1 2 2 4	75	YRS	MONTHS DAYS	HOURS MIN
1	7a BIF	RTHPLACE ISTAT	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIN	ORE CITY OF	COUNT	Y OF DEATH	
d	- (	Ohio		U.S	S.A.	WIDOWE		Mon	tgome	ry (	County	MD.
311	10 CT	TY OR TOWN O	F DEATH			G HOME C	OR OTHER INSTITUTION	120 USUA	LOCCUPATIO	N	12b. KIND O	F BUSINESS OR
1	Ch	evy Ch	ase	6100	Connect		Avenue		k Bro		Merri	11 Lynch
41	USUA 130 S	AL RESIDENCE (	IF NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	Ing. STORE	T ADDRESS			#301-F
/		D. C.	N/	A	Washing		YES XX NO	3900		ecti	icut Av	e. NW
,		THER'S NAME					15. MOTHER'S MAIDEN N	1000				
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A		AS DECEASED	EVER IN U.S. AR		16b. SOCIAL SECU		17 INFORMANT		ADDRES	55	Eva	11.5
3	İA	ES, NO OR UNKNOW	(N) [IF YES, GIVE	WAR OR DATES)	577-09-	5578	Pauline W	Villia	ms, s	ame	as #13	
		18 CAUSE OF	DEATH (Enter on	ly one couse per	line for (a), (b), and	l resis		,			BETWEEN	IMATE INTERVAL ONSET AND DEATH
		PART I. DEA	TH WAS CAUSE	D BY. E CAUSE (0)	Ceran	ar	7 ocalus	ren			100	nn.
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		underlying		(6)	Corone	2222	arfecisoe	Erran	Ó			
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n	CERTIFICATION	190 DATE OF O	PERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AU	TOPSY?		ES, WERE FINDIN	
4	E							YES 🗆	NOX		IFYING CAUSES	OF DEATH?
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1			CAUSE OF DEA	III	M. MONTH DA							
	MEDICAL	21d INJURY OC	CURRED	21e PLACE	M. OF INJURY	19	21f LOCATION				10 10 10	
	WE	WHILE AT WORK	NOT WHILE		REET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET		CITY OR TOW	2	COUNTY	STATE
		220.1 certify th	ot (1) (this hospi	tal) attended th	e deceased from_		1964	L, to	3/3		1974	that (I) (we) lost
	100		eceosed plive on we) (did) (did no		3/24 19 7	, or	nd that in (my) (our) apinio	on deoth occur	rred on the do	te and ho	our and from the	couses stated
	- 15	226 SIGNATUR		2.			DEGREE				22c DATE	SIGNED
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1		224 PHYSICIAN	S NAME (TYPE O	R PRINT]	1		22e ADDRESS 145		1msco		ive	
1		Jo	hn A. I	Reisin	ger			lver S				
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DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: should be detached MPORTANT: # #e

230. BURIAL, CREMATION, REMOVAL Cremation 3/31/79

CITY OF TOWN

Cremation 3/31/79 Metropolitan

Represent A. Pumphrey Euneral Homes,
7557 Wisconsin Ave., Bethesda, MD P 27 DATE REC'D. BY REGISTRAR 256 DEGISTRAR'S SIGNATURE
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BALTIMORE, MARYLAND 2120

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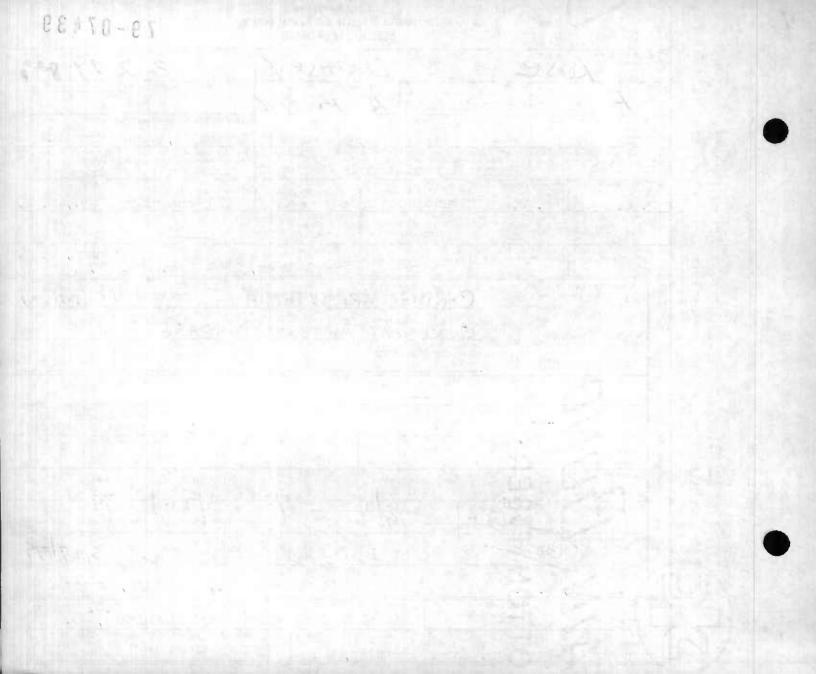
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) osa 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH OAYS HOURS. To. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED WIDOWED DIVORCED 10. CITY-OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCURATION ME KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS! INDUSTRY OUSEW USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13e STATE 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 134. INSIDE CITY LIMITS? NO [ 113 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) ABOUE APPROXIMATE INTERVAL BETWEEN QUISET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY 316/79 1 erunnal IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which i cempal gove rise to immediate (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 1% DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e PLACE OF INJURY 21E LOCATION CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE AT WORK 220 I certify that (I) (this hospital) attended the deceased from sow the deceased alive an above, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR | PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS Retter do mes ld b , MD 7425 ARLINGTON 050 771 230 BURJAL, CREMATION, REMOVAL 73b. DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION CATY OR TOWN MAR 250 DATE REC'D. BY REGISTRAR 23b. REGISTRAR'S SIGNATURE DHMH-16 20M (VRA 15, 4) 7/78

79-07439 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH (TYPE OR PRINT) 4 RACE 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) Caucasian 16 CITIZEN OF WHAT COUNTRY? O. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Rockville, Montgomery Co. Latvia WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Rockville Hebrew Home of Greater Washington DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Home Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136 STATE 136, CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Washington 5410 Connecticut Ave., N. W. D. C. D. C. YES V 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Wofsey Wofsey Hiena Abel 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO Washington, D. C. I (IF YES, GIVE WAR OR DATES) 073-28-9174 Daniel Beyer, 3945 Conn. Ave. NW No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY ARRHYTHMIA SUDDE IMMEDIATE CAUSE AS A CONSEQUENCE DISFASE ARTERY RONARY Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1161 CERTIFICATION 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEAT MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceosed alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld b 6121 Montrose Rd., Rockville, Maryland D. Patel, M. D. 0 23d LOCATION 234 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23b. DATE P.G. County (SPECIFY) 3 - 28 - 79National Capital Hebrew Capital Heights, Md. BP. Burial 1170 Rockville Pike 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VRA 15(4)) Danzansky-Goldberg Mem. Chap. Rockville, Md.

STATE OF MARYLAND



FOR

REGISTRAR

- STATE

12a USUAL OCCUPATION 12h KIND OF BUSINES OR OOT INDUSTRY OR MOST OF WORKING LIFE) ved Teacher Mont. 7522 Jackson Ave. Anderson ADDRESS Same as # APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH months monthis YEARS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART ) OR PART 21 CITY OR TOWN COUNTY STATE and that in (my) (aux) apinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 3/18/79 PHYSICIAN DIRECTOR PHYSICIAN 10620 GEORGIA AVENUE SILVER SPRING, MI STATE Washington, D.C. 250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE J. Win Lee's Sons Co., 3004th "Sts., NE, Wash., D.C. DHMH-16 20M (VRA 15, 4) 7/78

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h HOUR

HOURS

IF UNDER I YEAR

DAYS

MONTHS

YRS

20

IF UNDER 24 HES

3-10-1079 First Settle 1.0.

J. m. Pag'r Morn Co., Crimin St., Th. 18., T.

STATE OF MARYLAND 79-17441 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME MIDDLE 2a. DATE OF DEATH (TYPE OR PRINT) 330 WOLNOCK MARL 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH 1888 JA N To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY POLAND MONTGOMERY WIDOWED DIVORCED T O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SILVER SPRING STREET HOUSEWIFE 905 own home USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 136. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c CITY OR TOWN BRUBANE STREET MD SIL VER SPRING MINN NOF 905 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE (unknown) Antonette TOSEPH STEFFON 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 166 MRS. JAMUR SCICCHITANO none No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY VENTRICULAR FIBRILL ATION 5 MINURE IMMEDIATE CAUSE (a) MEVERAZ DUE TO, OR AS A CONSEQUENCE OF ATHEROSCLEROSIS YEAR Conditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF AKTERIBSELFROSIS underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a DIVISION OF VITAL RECORDS, HEMIPARESIS 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO I 21g. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220.1 certify that (this hospital) attended the deceased from 3/22 19 79, and that in (m) (out) opinion death accurred on the date and hour and from the couses stated saw the deceased alive on. above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF PHYSICIAN PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be P. 907 GEORGIA 23a. BURIAL, CREMATION, REMOVAL 23¢. NAME OF CEMETERY OR CREMATORY 23b DATE 23d. LOCATION Shamokin Northumberland Pa 3-26-1979 St. Edwards Burial Warner E. Pumphrey, Inchess, BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/73 from the factorion (VR A 15 (4)) 8434 Ga. Ave. S.S. DM.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME ALIDDLE 20 DATE OF DEATH MONTH (TYPE OR PRINT) Sidney G Worsfold 3/26/79 8:51pm 4. RAC AGE LIN YEARS LAST BIRTHDAY 3 SEX 5 DATE OF BIRTH IF UNDER I YEAR MONTH male White 24 06 To. BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVERMARRIED COUNTRY County Montgomery England DIVORCED T WIDOWED B CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Suburban Hospital Bethesda Kitchen Designer Archtecture BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING NOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION ontgomery 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Bethesda 4871 Battery Lane 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Walter William Worsfeld Ada Hurraell ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES. NO OR UNKNOWN) 579-58-1808 No A Margaret L. Worsfold. Wife. Same as item APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY. PRESTON ST. IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSTOURNCE OF underlying couse last RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 VISION OF VITAL RECORDS, CERTIFICATION 90 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOK YES [ NO F 210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED | JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH lental MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211. LOCATION 71e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK 10 much 22a.1 certify that (1) (this haspital) attended the deceased from. sow the deceased alive on above, (I) (we) (did) (did not view the body after death. and that in (my) (for) apinion death accurred on the date and hour and from the causes stated 226. SIGNATUR DEGREE 22c DATE SIGNED MEDICAL ATTENDING Should be detail with the State D PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cremation 3/31/1979 Cedar Hill Crematory Suitland, 24 FUNERAL DIRECTOR JOSEPH CAWLER'S SONS INC. DHMH - 16 50M 1/76 (VR A 15 (4)) 8136 WISC. AYE., R. W. WASH., D. C. 22518

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wednesday of the contract that the contract about and

13-07443

STATE OF MARYLAND FOR 79-07444 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) N/M/N March 29, 1979 Andy Yakubik 3:22 PM 3 SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS In BIRTHPLACE ISTATE OR FOREIGN L CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH Montgomery County WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12m USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 01ney Montgomery General Hospital BALTIMORE, MARYLAND 21201 Government USUAL RESIDENCE (15 NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13h COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 18721 Willow Grove Road neu 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Andv Yakubik ,Sr Anna Ushala 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST 38 0801 Korea ves Ruby Yakubik same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 mo tes tel Conditions, if ony, which gave rise to immediate cause ial, stoting underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DIVISION OF VITAL RECORDS, 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF PRETATION 20a AUTOPSY? 20h. IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [ and Mental Hygie 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 s HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 à 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram. 29 iw the deceased alive an_ and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above (1) (we) (did) told not) view the body ofter death DEGREE 22t. DATE SIGNED ATTENDING MEDICAL STATE DHYSICIAN DIRECTOR PHYSICIAN old be deta the State | MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS Donald E. Dillon. M.D. Prince Philip Drive Olney, Maryland 230. BURIAL, CREMATION, REMOVAL 23h DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) STATE Burial Gate of Heaven Cemetery Silver Spring. 24 FUNERAL DIRECTTYSON Wheeler Funeral Home, Inc. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 Rockville Pike Rockville, Maryland (VR A 15 (4))

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-17445

	1-	STATE REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO.	0.			
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	3. SEX		usho	Cauca	sian	5 DATE O		1 89 7	6. AGE (IN YEAR:		YRS.		HOURS	MIN.
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0	10. CI	Chevy	Chase		OSPITAL, NURSI FACILITY, GIVE STREE 9 Keni				120. USUAL OC (TYPE OF WORK FO HOUS		RKING LIFE}	126. KIND OI INDUSTRY H (	ome	SS OR
5	130. S M &	aryland	SING HOME OR O	OTHER INSTITUTION, TY	GIVE RESIDENCE BEFO	re admission) wn yChas		ITY LIMITS?		dreșs Kenil	wort	h Dr	ive	
50		William		A.	Lannin		Ne	llie		ADDRESS	D	avid	son	
		VAS DECEASED EVER es, no or unknown) NO		MED FORCES? WAR OR DATES)	219-54		Edwa		dley,	Same	as 1	3	MATE INTERV	
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9		OR CONTRIBUTING [	CAUSE OF DEA		M. MONTH	DAY YEAR		NJURY OCCURR	RED (ENTER NATU	RE OF INJURY IN	ITEM 18, PART	1 OR PART 2		
	MEDICAL	216. INJURY OCCUP	WHILE [	(AT HOME, STR	OF INJURY IEET, FACTORY, OFFICE	E, FARM, ETC.)	21f. LOCAT STREET	ION		CITY OR TOWN	1	COUNTY		ATE
	<	22a I certify that (i saw the decea abave, (i) (we) 22b SIGN TURE		tol) attended the	1 1	79,0	DEGREE	(aur) apinian of						
1		226. PHYSICIAN'S N	VAME (TYPE OF	PRINT)	n hau		22e. ADDRE	75 Cm	ray . A	e. l	Herz	Che	e /	Nd.
	(	BURIAL, CREMATION SPECIFY) Crematio		23b. DATE 3-19-				n Crem	Alex	andri	a. V	UNITY  Linki	n. st/	NTE .

DHMH - 16 25M

HOMES, P. A., Bethesda, Maryland (VR A 15 (4) ) 9/74

MAR 21 1979

10	15		1	1 - STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REG. NO.							79-	-07446		
	of th			CEASED NAME	PIRST Broadu		MIDDLE A.		LAST		REG 20 DATE OF DEATH		1979	26 HOUR 1115PM
	e 4 moy be ctor, poge 3 safter death		3. SE			14 RACE S DATE OF BIRTH Dec.				1939	6 AGE (IN YEARS LAST BIRTHDAY)  15  MOI		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
		\$77	s.°	BIRTHPLACE (STATE OR FOREIGN		76 CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWEI  11. NAME OF HOSPITAL, NURSING HOME O			D NEVER	MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery			
BALTIMORE, MARYLAND 21201  Tote be executed within 24 hour affects  yisican and completely filled in by many pers. Pages 1 and 2 should be 1 in the color.	(0)	27	В	ethesda		Nat Tor	hal Nav	val Med i			120 USUAL OCCUP	ATION IST OF WORKING LIFE NAVY	126 KIND OF INDUSTRY	BUSINESS OR
	24 ho filled i	35	13 _M	at RESIDENCE (IF NURSI STATE aryland	121 COUNT	eorge		E BEFORE ADMISSION	13d. INSIDE (	NO 🗌	3245 Wal-	ss ters Lar	ne	
	2 te	Somina Com		Thomas					Henr	ietta MIDDI	DRESS	A+ki	ns	
	be execuan ond c	2	160	WAS DECEASED EVER YES, NO OR UNKNOWN) YOS		MED FORCES?		SECURITY NO	Mrs.	Annie Y	the state of the s	e item 1		NATE INTERVAL
201 W. PRESTON ST.,	equires that the death certific signed by the attending phy Then please remave carbonpc to burial, cremation, or remov	njury, or other traumatic event, the	NO	Conditions, if any, gave rise to imm cause (a), stating underlying couse	which sediote g the lost	DUE TO, O	R AS A CONS METAST R AS A CONS	SEQUENCE OF atic car SEQUENCE OF	cinoma	of the			EN IN PART I(a)	
AL RECOI	an. has beer t permit.	Ows ony	CERTIFICATION	19a. DATE OF OPERAT	ION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFO	ORMED	20a AUTOPSY? YES NO	IN CERTIF	, WERE FINDING YING CAUSES O	
DIVISION OF VITAL RECORDS,	by the haspital or attending phe baspital or attending phe REAL DIRECTOR. After this certific editoched for use as the burial state Dept. of Health and Mental is marked as the harmont.	ANT: If them 21 is morked or Item 18 sh	MEDICAL CER	21a, ACCIDENT WAS UND OR CONTRIBUTING CIPE ETHER, NOTIFY MEDICA 21d INJURY OCCURR WHILE NOT WHAT WORK AT WOO 22a. I certify that (IV sow the decease above 11 (we) (d 22b. S.G.N.ATURE 22d PHYSICIAN'S NA	AUSE OF DEAT ALEXAMINER)  THE  (this hospite d olive on id) (dip ro)	PRINT)  P.  P.  P.  P.  P.  P.  P.  P.  P.  P	M. MONTH M. OF INJURY REET, FACTORY, O  we deceased f  after death.		211 LOCATI STREET	y(aur) apinian	to Mar.	Z4 e date and hou	COUNTY  19 19, the rond from the country on the country of the cou	
210	TO TO Show	IMPORTANT	23a	DAVID BURIAL, CREMATION, I		72AC 23b. DATE 29 Mai	14-11	23c NAME OF	EMETERY OR	CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
	BP HMH - 16 50M 1/7: (VR A 15 (4))	6	24 F	Burial UNERAL DIRECTOR Marshall	Funer				ton Na		Arling E REC'D. BY REGISTE R 29 1979		Ington	

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